

M E D I C A L
A N D
P H I L O S O P H I C A L
C O M M E N T A R I E S.

By a SOCIETY in EDINBURGH.

Quod si deficient vires, audacia certe
Laus erit; in magnis et voluisse sat est.

PROPERT.

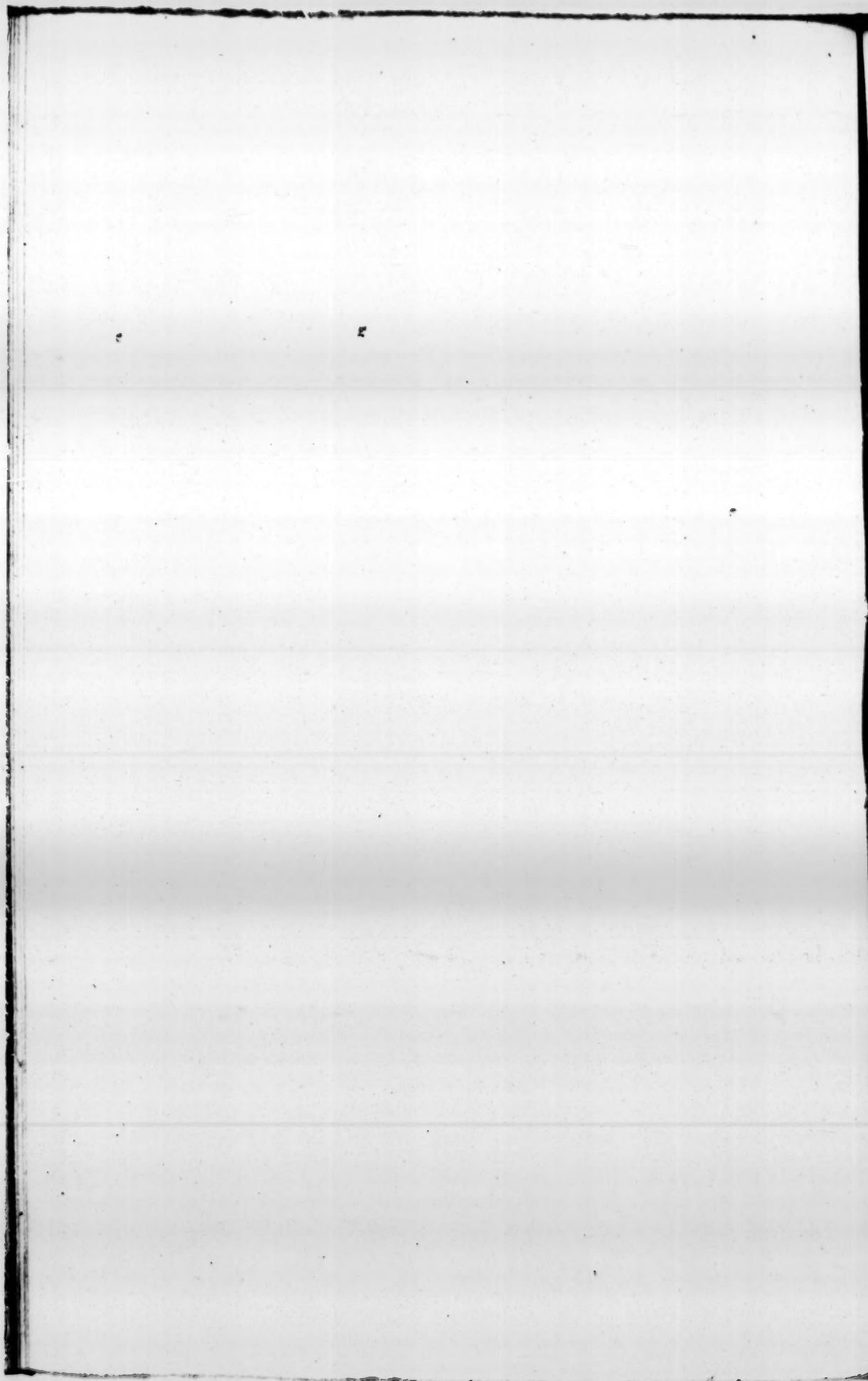
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PART II.

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An Account of Books.



*Dissertatio Physica Experimentalis de effectibus
Electricitatis in quaedam corpora organica, Auc-
tore Carolo Herico Koeftlin. 4to, Tübingae.*

IN the first part of the essay before us, we are informed that, from different circumstances, but particularly from the perusal of Doctor Priestley's history of electricity, the author was induced to attempt several experiments, with a view to determine the effects of electricity, upon

different organized bodies. We are told likewise, that his inquiries are confined to the three following subjects, viz. The influence of electricity in the incubation of pullets eggs; its influence, in the same respect, on the eggs of different butterflies; and, lastly, its effects on the vegetation of different plants.

The electrical apparatus employed, as it differed little from those in common use, does not require a particular description; only it may be observed, that no electrometer was had recourse to, the author imagining, that no instrument, hitherto invented for that purpose, can be much depended on. But he takes notice that, when the weather, and other circumstances, were favourable for electrical experiments, so much matter was generally collected, by three turns of the wheel, as to give a pretty smart shock, and, by fifty turns, spirits of wine could be set on fire. Besides the usual electrical apparatus, however, he found it necessary to have a small table made of wood, suspended to the ceiling of the room by means of four silk cords, for the purpose of more conveniently applying electricity to the different plants made use of in the experiments; and, when any of the eggs were to be electrified, they were
placed

placed in glass bells made for the purpose. Some of the eggs were hatched under hens, and others by means of heat artificially applied, in a furnace of a construction similar to that described by Mr Begvelin in the history of the academy of sciences and belles letters of Berlin for the year 1749.

In the several experiments that took place, every precaution was fallen upon, to prevent any mistake or fallacy, with respect to the effects of the electrical matter applied to the different substances. All the eggs made use of, as well those electrified as those that were not, were recent, and taken from such hens as had daily communication with cocks. The vessels in which the plants were placed, were always as nearly the same in point of size as possible, as was likewise the quantity and quality of the earths made use of. The plants and seeds were all placed at the same depths, and had always the same exposure, both with respect to heat, air, and light.

Before proceeding to enumerate the several experiments, our author thinks it necessary to mention the different modes in which electricity was applied; and these were,

I. Positively.

1. Without sparks.

- a. The substance to be electrified, being insulated, and having, at the same time, a communication with the conductor, by means of an electric. This our author terms *simple electricity*, or the electrical fomentation.
- b. The body to be electrified, not being insulated, but connected immediately with the surrounding elements.

II. Negatively, by conjoining the body to be electrified with the cushion of the globe.

III. Positively and negatively together, or in what are termed *electrical shocks*.

1. The substances to be electrified, being insulated, and connected with that side of the charged phial positively-electrified, and a connecting chain then applied to the negatively-electrified side of the phial.
2. The body to be electrified, not being insulated, being connected with the negatively-electrified side of the phial, and afterwards, on the phial being charged with the positively electrified side.

The

The first experiment was upon pullets eggs. Six eggs which had been exposed to the electrical fomentation, three times a-day, for five days, and for a quarter of an hour each time, were, on the 24th of June, placed below a hen, together with other six eggs that had not been electrified. The electrified eggs received three other applications, similar to the former, on the 25th, and one on the morning of the 26th. Although the eggs had been placed below the hen on the 24th, yet, as she did not begin to sit constantly upon them till the evening of the 26th, that period, therefore, must be considered as the commencement of the incubation.

On the 14th of July, viz. the 18th day of incubation, two fine chicks were produced from two of the electrified eggs ; and, on the fifteenth, the other four electrified eggs also afforded fine birds. The author, after waiting till the 20th of the month for the fruits of the non-electrified eggs, and nothing then appearing, opened them, and found them all entirely rotten, without the least rudiments of chicks being observable.

The birds from the electrified eggs were, at first, and all along, remarkably large and healthy,

and continued to thrive even without the assistance of the mother.

On the 4th of July was commenced an experiment similar to the above, and the consequence was, that, on the 19th day from the time of incubation, four out of six electrified eggs produced fine birds; and as, after three days, there were no appearance of chicks from any of the rest, they were all broke, when two out of five eggs, which had *not* been electrified, were found to contain living birds. The rest were all rotten.

Two other experiments on eggs are enumerated, in which considerable variations took place, both with respect to the quantity of electricity used, and the manner in which it was applied. The result was, that eggs to which simple electricity had been applied, and that whether before or after the commencement of incubation, not only yielded chicks of a larger and stronger make than usual, but these too at a more earlier period than they commonly appear. On the contrary, however, when sparks were taken from eggs electrified in that manner, no evident difference could be observed between the produce of these and of such as had never been electrified: And again, eggs to which the electrical
shock

shock had been frequently applied, seemed to be rendered entirely unfit for the purpose of incubation ; none of them producing chicks on being exposed to the due degree of heat, and, in one egg that had been violently electrified, the yolk and white were found mixed together.

The effects of electricity on the ova of different kinds of butterflies, were nearly the same as those produced upon pullets eggs ; the electrical atmosphere, when frequently applied, always quickning their hatching.

In our author's experiments on vegetation, several remarkable circumstances occurred, which prove, with certainty, the influence of electricity on the growth of plants. His first trials in this way, were upon seeds newly sown ; and the conclusions that may be drawn from this part of the work, are,

1. That the germination of plants is greatly accelerated, by the application of simple electricity, and that in proportion to the quantity of electric matter made use of, in whatever kind of earth the seeds have been planted.

2. That, in this respect, electricity seems to have even more considerable effects than dung
mixed

mixed with earth, in which seeds are to be sown.

3. That, in such experiments, the nature of the vessels that contain the earth, seems to have some influence: Thus, electricity applied to seeds and earth, contained in metallic vessels, proved more powerful in its effects, than when glass vases were made use of, and in these again, it seemed more active than when earthen potts were had recourse to.

4. That the effects of electricity in promoting vegetation, appeared equally remarkable in the open air, as in the confined air of an apartment.

5. That, although watering earth in which seeds have been sown, does not appear requisite for rendering the effects of electricity on vegetation remarkable, yet that sprinkling the earth with water, to which the electrical fomentation has been previously communicated, seems to have a considerable influence.

6. That the vegetation of plants may be retarded by their seeds being *negatively* electrified.

7. That although the growth of seeds can be considerably

considerably hastened by their being exposed to the influence of the electrical fomentation ; yet that no plants were produced from such seeds as the *electric shock* had been communicated to. And,

8. That electricity, from several experiments, both upon annual and perennial plants, had evidently a considerable influence in forwarding vegetation. With these last, however, electrical shocks do not seem to have been made trial of, the plants having been merely exposed to the electric atmosphere.

After giving a minute detail of the several experiments, our author next endeavours to account, as nearly as possible, for the several effects produced by electricity. The electric matter which he, with others, supposes, in certain quantities, to be diffused over all bodies is, he says, a fluid, singularly elastic, igneous, or at least very analogous to fire, and of a remarkably irritating nature ; and, from these different properties, many of the phaenomena which occur in electricity may, he thinks, be accounted for.

II.

J. Raymond, Diff. exhib. descriptionem Februm Intermittentium Autumnalium Quotannis Mittelburgi et in Vicinis Seelandiae Batavae locis grassantium. Vid. Ern. Godofr. Baldinger Sylloge Selectiorum Opusculorum Argumenti Medico-practici. 8vo, Gottingae.

THE intermittent fever here described by Mr Raymond, prevails very universally, not only in the islands of Zealand, but likewise in similar situations on the neighbouring coast of Flanders. It is less frequent in the district of Holland; but is often met with both in East and West Friesland.

The first symptoms of this disorder are, a belching from the stomach, with other appearances of indigestion; to these succeed a cold and hot fit, which last is so violent, and so lasting, as to cause the disease to be mistaken for an acute fever of the continued kind. The intermission of febrile symptoms is, in the beginning of the disease, so inconsiderable, as often not to be observed;

served ; if proper attention, however, be given, a slight remission may generally be discovered. The new paroxysm is always ushered in with a gentle coldness, and, by returning at stated periods, the disorder is, by that circumstance, sufficiently distinguished from a real continued fever. There is likewise another remarkable distinction which occurs between the two diseases ; for if, in the fever now under consideration, are prescribed, blood-lettings, purgatives, and such other strong evacuating medicines as in continued fevers are frequently of service, different chronic disorders are thereby often produced ; and, on the contrary, if very warm stimulating remedies are made use of, dangerous continued fevers are often the consequence.

Next to the violent heat, which is in this fever always a very troublesome symptom, the biliosa colluvies shews itself most remarkably ; the belly swells, the patient is troubled with a constant vomiting, and weight in the hypochondria ; the whole mouth is from the beginning, covered with a yellow bitter mucus ; and so universally is the bile diffused over the system, that a bilious humour is frequently observed to fill, and transpire from the several glands about the neck. In the
course

course of the disease, violent headachs with delirium occur ; the sleep is disturbed, and not refreshing ; the patient is seized with startings, and other convulsive motions in the muscles. Angina is a common symptom, together with aphthæ, and pains in the abdomen.—Sometimes a costiveness takes place, and at other times profuse diarrhoeas ; purple coloured eruptions break out, that neither appear to be critical, nor even to alleviate any of the symptoms ; nay, they rather, on the contrary, seem to increase the violence of the heat ; and profuse sweatings often occur, without any other effect, however, than that of weakening the patient. Amidst the violence of these several symptoms, a certain and pathognomonic characteristic of the disorder may, by an attentive observer, be always discovered. At stated intervals, of a longer or shorter duration, an entire remission of all the symptoms takes place, in so much, that, excepting a general debility, the patient has frequently at these times no other complaint. This more particularly is the case, when the disease has been of three or four days continuance, the distinct paroxysms being then more easily observed than in the first days of the fever ; at least, it

it always is so, if the disorder has not from the beginning been improperly treated.

This fever in general at first shews itself in the form of a tertian intermittent ; it afterwards, often indeed, assumes the appearance of a quotidian, and by this means the paroxysms are always considerably lengthened. Sometimes, again, a quartan is the type under which it appears : From the long continuance of that species of intermittent, and the several affections of the viscera it is often attended with, this always renders the complaint not only more tedious, but in reality more dangerous.

Although the symptoms of this disorder are of a very alarming nature, yet a great proportion of such as are attacked with it recover ; and it is always observed, if ever the violence of the fever abates, the patient then certainly, though slowly, recovers the use of all his functions. It is likewise remarkable, that such patients always recover most quickly, as from the beginning have had the bilious humours properly evacuated ; and, *vice versa*, such as are carried off by the disease, die seemingly in a state of apoplexy, which is commonly preceded by such a degree of coma or torpor, as the patient can scarce be roused from. The
face

face becomes red and turgid; the tongue remarkably parched, the patient at the same time making no complaint of thirst; the different excrements are passed involuntarily; the pulse intermits, and the breathing becomes slow and difficult. It is always observed, that plethoric robust people recover with greater difficulty from this species of fever, than those of an opposite temperament; and hence stout young men are always more violently attacked than old people, and such as are of lax phlegmatic habits. All ages are equally liable to the distemper; infants are as frequently seized with it as adults, and rich people as well as poor. It is observed, however, that the disorder is always most severe on such as have been much exposed to the heats of summer, and on those also that have been obliged to live upon fat rancid animal food.

The origin of this disorder is, by our author, attributed chiefly to a putrescency of the humours in general, but particularly of the bile, which may be excited by various causes; but, about Middleburg, and all over the island of Walcher, the principal cause, we are told, is the want of fresh water; for, as that island is almost wholly below the level of the sea, there are nei-
ther

ther springs nor fresh water rivers ; so that the inhabitants have to trust entirely to what they can collect by spouts, in the rainy seasons, from the sides of houses. Such water, from the variety of putrescent matters, with which it is frequently unavoidably mixed, and from the manner of keeping it in cisterns, soon becomes putrid, and very unfit for use ; it is no wonder, therefore, that the juices of such people as are obliged daily to have recourse to it, soon acquire a putrescent tendency. This, together with a stoppage of perspiration, occasioned by cold wet weather succeeding to warm summers, our author considers as the proximate cause of this species of fever. From a variety of facts, it is well known, that this disorder, though frequently epidemic, yet is not in the least contagious. Physicians who attend the sick, and other people who live in the same house with them, are never seized with such complaints, unless they have previously received the seeds of infection. Nay, children even have been known to suck their infected nurses with impunity.

In the treatment of this disorder, blood-letting is never adviseable, excepting in young plethoric patients, where, to a certain degree, it may sometimes be necessary, either with a view to mode-

rate any inflammatory symptoms that may occur, or to prevent any risk from the violent operation of such emetics as are found requisite.

Both the nausea, and the natural vomiting which so frequently occur in this complaint, evidently point out the propriety of having recourse to emetics ; and of these the most gentle are much preferable to those of a more stimulating nature ; so that ipecacuanha is always to be preferred to tartar emetic. In general, however, and especially in the beginning of the disorder, neither of those articles are necessary, as warm water, merely, answers every purpose fully better than either. It not only acts as an evacuant, but such of it as is not thrown up, by mixing with the putrescent particles of the fluids, tends thereby not only to correct their acrimony, but may likewise assist in carrying them off by the skin and other emunctories. For this reason, it should be given in large draughts, and these frequently repeated, especially soon before the return of a paroxysm is expected.

When the first paroxysm is over, gentle laxatives are generally had recourse to, and almost always with evident good effects. Manna, tamarinds, and cassia are the articles commonly prescribed.

scribed. During the continuance of the fit, it is found of service to throw in different absorbent powders, as is also the use of some of the neutral salts, and particularly nitre and cream of tartar; to which a few grains of rhubarb are sometimes conjoined with advantage. For ordinary drink, barley-water, acidulated with spirits of vitriol or nitre, answers very well; tea is likewise frequently used, as also water in which bread has been boiled, with a small proportion of wine, a moderate use of which not only is of service by supporting the patient, but tends in reality to suppress that violent heat which always prevails here.

In the first days of the disease, no kind of nourishment is ever given, excepting such drinks as have been mentioned; afterwards weak flesh broths, acidulated with citron juice, may be allowed. Butter milk is sometimes given too, both by itself, and made into porridge with flower. Ripe fruits, such as apples, prunes, and cherries, roasted or boiled in their own juices, may here likewise be safely permitted. Whatever nourishment is necessary, however, should be taken a considerable time before a paroxysm is expected, as meat of any kind, taken immediately before a fit, always occasions a great deal of uneasiness to the patient.

By proper attention, and the continuance of such a course as has been prescribed, a great proportion of those attacked with this disorder recover from it ; it sometimes, however, proves very obstinate, especially in such as have previously laboured under any complaints in the abdominal viscera.

Of all the symptoms that occur in this disease, jaundice is most to be dreaded ; for, although the feverish symptoms be got the better of, yet a dropfy, or some other dangerous disorder of a chronic nature, always supervenes. In such cases, soap with rhubarb, and other resolvent medicines, must be had recourse to inwardly, along with the external use of proper ointments, and fomentations to the abdomen, with a view to the resolution of such obstructions as may have taken place. The Peruvian bark, in this disease, when prudently administered, is always of the greatest advantage ; there are some periods of the complaint, however, in which it cannot be used but with the greatest risk, particularly when any obstruction in the liver, or other abdominal viscera, takes place ; as likewise when the patient is troubled with a cough, or any other pectoral complaint. In that case, the use of Peruvian bark almost certainly lays the foundation

foundation of a real phthisis. But, whenever the disorder, by its long continuance, seems to be assuming the form of a continued fever, when no obstructions in the viscera take place, when the pulse is feeble and the patient much debilitated, and especially when the different evacuations have been carried a proper length, the bark is then the only remedy to be depended on, and should be carefully exhibited, in proper quantities, between the different paroxysms. Even in the most dangerous state of the disorder, the bark is frequently had recourse to with advantage, as in the words of our author : ‘ *Omnium maxime cortex prodest, quando sopor comatosus, ex quo difficulter excitatur aeger, cum facie Hippocratica, et intercurrentes Leipothymiaë, profundaque et obliuiosa insensibilitas, cum pulsu intermittente et respiratione stertorosa, prænunciant lethargum vel apoplexiam inflare. Tum scilicet cortex optimus cum multis acidis, præsertim vitriolicis, etiam cum rhabarbaro, si opus, et, cum salibus mediis maritatus, cito et copiose est dandus. Ab ejus enim usu homo iterum evigilat, quasi redeunt sensus, redit pulsum et respirationis integritas, homoque, ex orci quasi faucibus ereptus, dein vitam protrahit, ut reliquæ morbi queant superari.*’

When the disorder assumes the form of a quartan intermittent, as it sometimes does, its cure can never be soon expected, scarcely ever before the return of one or more summers; and what in such a form always renders it more dangerous, is, that, in these regions, a scurvy frequently supervenes in the course of the winter. In the beginning of this state of the disease, little or nothing can be done; for evacuations, especially when the autumn is much advanced, have always the effect of inducing a double quartan, and febrifuge remedies cannot then be had recourse to, but with considerable risk. Resolvents, however, and bitters, with other stomachic medicines, may, in the mean time, be used with advantage; and, as soon as spring commences, antiscorbutics may be had recourse to, and afterwards the bark conjoined with these. In such cases, where the putrid scurvy has come any considerable length, as may be known by the erosion of the gums, and other symptoms that evidently shew themselves, the stronger acids, and especially the *ol. vitrioli*, should be had recourse to, the vegetable acid being then not found strong enough to correct the putrescence that takes place in the blood.

After these general observations on the conjunction
of

of putrid scurvy, with the disorder now under consideration, our author then proceeds to the conclusion of the dissertation, with a few remarks on what he terms the muriatic scurvy; and, the more clearly to convey his meaning, we here present our readers with his own words: ‘ Quod si
 ‘ autem scorbutus sic dictus muriaticus accedat,
 ‘ qui apud nos propter aëris marini exhalationes
 ‘ falsas, et propter copiosiores nautarum vivendi
 ‘ modum, quem etiam plures alii imitari coguntur,
 ‘ scilicet, propter halecum et piscium salitorum,
 ‘ carnisque fumo et sale conditæ quotidianam usu-
 ‘ ram, etiam ob vegetabilium recentium in mag-
 ‘ no hominum numero penuriam et raram dispen-
 ‘ sationem, frequens est, et qui ex rigiditate ac dolore
 ‘ rheumatico, musculorum, ex pruritu cutis, ex eda-
 ‘ citate et siticulositate perpetua, ex urina male
 ‘ cocta et acri, ex spasticis nervorum contractioni-
 ‘ bus, epidemidis siccitate et desquamatione, ulceri-
 ‘ bus late serpentibus, et ex rebelli pertinacia febris
 ‘ quartanæ contra salutarem corticis Peruviani
 ‘ usum cognoscitur, tum præter antiscorbutica or-
 ‘ dinaria imprimis aqua calcis vivæ, ex conchiliis
 ‘ marinis exustæ, et cum æquali lactis copia
 ‘ mista, bibenda commendatur. Sæpe aqua Sel-
 ‘ terana et Spadana, cum regimine his aquis debito,

‘adhiberi debet. Prodest etiam peregrinatio et
 ‘foli natalis cum aëre magis libero, præsertim
 ‘montano, usque ad plenariam sanationem com-
 ‘mutatio.’

III.

*Observations sur la Situation des Visceres du Bas-
 ventre chez les Enfans, et sur le déplacement
 qu'ils éprouvent dans un âge plus avancé, par
 Monf. Portal. Vid. L'histoire de l'Academie
 Royale des Sciences à Paris, année 1771, 4to,
 Paris.*

AN exact knowledge of the situation of the
 abdominal viscera, in all ages, is of the
 greatest consequence to every practitioner. And
 as Mr Portal has had the best opportunities for
 information on the subject, his observations de-
 serve particular attention.

The abdomen is, by Mr Portal, divided into
 three regions, the superior, middle, and inferior;
 in the first are comprehended those parts that are
 bounded by the diaphragm and ribs; the second
 extends

extends from the ribs to the pelvis, and the pelvis itself constitutes the last.

These three regions form one large cavity, in which are contained all the viscera of the lower belly; the extent, however, of these different divisions varies in different ages, in different subjects, and is altered likewise by disease. In new-born infants, the distance between the sternum and pelvis is near to a third of their whole length; in adults, the length of the abdomen does not extend to a fifth of the whole. In children of three feet in height, the abdomen measures nearly one foot, and it is not found to exceed that in adults five feet high.

This difference with respect to the abdomen in infants and in adults, is confined entirely to the middle region, which, in children, is not only much longer, but, in proportion, much more extensive in every respect, than in people come to their full size. In the former, it is wider from before backwards, in children the spine being almost entirely straight, whereas, in adults, it becomes considerably crooked. In children too, it is much wider from one side to the other than in adults, as in them the ribs bend more outwards than they do in the latter.

Although

Although this middle abdominal region, however, is in children so extensive, yet both the superior and inferior divisions are not proportionally so ; nay, they are even small, in comparison to those of adults. The pelvis is incomparably smaller in the foetus than in adults ; in the former, the under extremity of the os sacrum bends considerably over towards the pubis. The horizontal branch of the pubis is both short and flat, and the tuberosities of the ischia are turned backwards. Every circumstance, therefore, concurs to shorten the cavities of both the inferior and superior abdominal regions ; in so much that, in young children, all the viscera of the lower belly are contained in what we have termed the middle division, and remain there, till, by degrees, they insinuate themselves into the other two regions, as these, in course of time, come to be enlarged. Before treating, however, of the changes the viscera undergo in point of situation from the infantine state to that of adults, it will not be improper first to give a more particular description of their several situations in the former.

The stomach in infants, in place of being situated transversely, as is the case in adults, hangs almost perpendicularly. It extends from what is
commonly

commonly termed the epigastric region, to the umbilical, inclining a very little to the left above, and to the right side below; having its convex side or great curve turned to the left, and the small curvature towards the right. In consequence of this situation of the stomach, the omentum, which is always attached to its great curvature, lies more towards the left than the right side; and, from want of knowledge of this circumstance, practitioners have often treated, as diseases of the colon, such complaints in children, as, on opening the bodies after death, have been found seated in the omentum only. The liver is very large in the foetus, in proportion to its size in adults, and is situated almost entirely in the middle region of the abdomen; it appears to the touch externally, indeed, much nearer the linea alba than it is ever found to be in a more advanced age. At this period the duodenum is placed almost entirely behind the stomach. The spleen in infants is always easily discovered by the touch, immediately below the false ribs; this, in adults, never can be done, but in a diseased state of that viscus. In the former, a considerable part of it is situated in the middle region of the abdomen; whereas,

whereas, in the latter, its seat is always in the left hypochondrium.

In very young subjects the urinary bladder is situated entirely without the pelvis, is remarkably large in proportion to the other parts, and extends to within a very small distance of the navel; when full of urine, it makes a very evident prominence near about the middle and inferior part of the abdomen. This position of the bladder, above the os pubis, ought to be particularly attended to; for when, in infancy, it is necessary to have recourse to lithotomy, the high operation should always be preferred to those where the opening is made in the perinaeum. This operation, however, has never been favourably looked upon. But, as the shortest and easiest passage to the bladder is, in lithotomy, a principal object, it ought certainly, in children, to be preferred to every other, the bladder in them lying so near to the external teguments above the pubes.

In young girls, the womb, with its two ovaria, are considerably raised above the os pubis, and, when swelled, a circumstance, however, which, at this age, seldom occurs, it can be easily distinguished by the touch externally.

Such

Such are the situations of the viscera in childhood. In a more advanced age, however, they are entirely changed ; the ribs become less crooked, the diaphragm more vaulted, and the liver gets a higher situation, insomuch that, about the fifteenth year, it is almost entirely covered under the ribs, when the person is in an horizontal posture. This change of situation in the liver occasions a manifest alteration likewise in the position of the stomach. By degrees it deviates from the perpendicular to a horizontal line ; and according as it changes its situation, the omentum recedes entirely from the left side, and proceeds to occupy the middle part of the lower belly. Although the horizontal lobe of the liver can be distinguished by the touch in adults, yet never by any means so evidently as in children ; it is situated almost upon the under extremity of the oesophagus, so that, when it becomes preternaturally enlarged, it compresses that canal so entirely as to prevent the entrance of the aliments into the stomach. Two such cases our author mentions he having met with ; and, in both, the patients suffered greatly from very violent vomitings with which they were attacked some time before death.

In

In the mean time, the pelvis becomes every way larger; the pubis turns considerably longer, and acquires a greater height; the os sacrum stretches farther back, and the tuberosities of the ischium push outwards, and to a greater distance from the os coccygis.

Such a considerable augmentation in the cavity of the inferior part of the abdomen, gives rise to such changes in the position of the different viscera, as deserves, from practitioners, very particular attention. Those which, from their make and nature, have been accustomed to float in the middle region of the abdomen, now fall down into the pelvis; this is particularly the case with the bladder, which, in falling down, has its superior part carried forward, and the urachus, which had been attached to the fundus, is tore away, and never again connected with it. This fact was first taken notice of by Mr Lieutaud, and is not as yet believed by many anatomists. The study of anatomy, in different periods of life, offers a new field for discoveries; and there is little doubt of its being prosecuted farther, but that the various opinions of different anatomists on the same subject may be reconciled, they having generally considered as certain and constant such appearances as they had observed at any particular age.

The

The same cause which produces the change of position in the bladder, occasions also that of the uterus. The womb, which, in childhood, had been placed above the pubis, by degrees falls into the pelvis, infomuch that, in adult women, who are not pregnant, it is always, in a sound state at least, entirely sunk in it. Both the bladder and uterus acquire an oblique situation in the pelvis, owing to the descent of the intestines; this obliquity, that becomes in a manner natural to both these viscera, was observed by Gunzius and Camper. On examining such cases of herniae of the bladder as have yet occurred, it is found to have happened much more frequently in the right than the left side; and it is certain that the left ovarium is generally higher situated than the right. And, indeed, the bottom of the uterus cannot be inclined towards the right side of the pelvis, without having the ovarium attached to it carried down at the same time. There is likewise another peculiarity which sometimes occurs in the position of the left ovarium, it being frequently found almost contiguous to the lower lumbar vertebra. A case of diseased ovarium is here related by the author: He was consulted, a-
long

long with other two physicians, by a lady attacked with a schirrous tumor, about four fingers breadth below, and a little to the left side of the umbilicus. His opinion was, that the swelling adhered to the bottom of the uterus, and that it was not produced by either of the ovaria, which he imagined lay more to each side. On opening the body, however, after death, the womb was found in the pelvis, with the right ovarium below; while the left, which was of a prodigious size and hardness, was placed near to the lowest vertebra of the loins, and above the left side of the uterus.

IV.

Recapitulation des Baptêmes, Mariages, Mortuaires, et Enfants-trouvés de la Ville et Faubourgs de Paris, depuis l'année 1709, jusques et compris l'année 1770. Par M. Morand fils. Vide l'Histoire de l'Academie Royale des Sciences à Paris, année 1771, 4to, Paris.

THE first attempt to discover the number of marriages, baptisms, and deaths, that annually occur in the city of Paris, was commenced

ced in the month of January 1670, and continued monthly for two years and upwards. Mr Morand, in the first part of his paper, has inserted a copy of this list for the first two years of the undertaking, together with that of the three first months of the year 1681, which is all that, after the most diligent search, he has been able to procure. In the year 1709, a similar plan was begun, and has been regularly continued ever since; of this the following table is an exact copy; and we are told, that it is to be regularly carried on, and its contents communicated in the subsequent volumes of the memoirs of the academy, every tenth year. The very great increase, that of late years appears by the table to have occurred in the number of infants, admitted to the Foundling Hospital at Paris, is owing, we are informed, to the greater difficulty, now experienced by the lower set of people, in rearing and maintaining their children, than was the case some years ago.

Years.	Baptisms.	Marriages.	Deaths.	Foundlings.
1709	16910	3047	29288	
1710	13634	3382	22389	1179
1711	16503	4484	15920	1653
1712	16589	4264	15721	1743
1713	16763	4289	14860	1741
1714	16866	4553	16380	1734
1715	17631	4555	15478	1795
1716	17719	3795	17410	1780
1717	18660	4527	13533	1673
1718	18517	4290	12954	1723
1719	18620	4378	24151	1734
1720	17679	6105	20371	1441
1721	19917	4467	15978	1730
1722	19673	4464	15517	1857
1723	19622	4255	20024	1982
1724	19828	4278	19719	2095
1725	18564	3311	18039	2260
1726	18209	3295	19022	2466
1727	18715	3813	19100	2302
1728	18189	4198	16887	2166
1729	18163	4231	19852	2336
1730	18966	4403	17452	2401
1731	18877	4169	20832	2539
1732	18605	3983	17532	2474
1733	17825	4132	17466	2414
1734	10835	4133	15122	2654
1735	18862	3876	16196	2577
1736	18877	3990	18900	2681
1737	19767	4158	18678	2914
1738	18617	4247	19581	2786
1739	19781	4108	21986	3269
1740	18632	4017	25284	3150
1741	18578	3923	23574	3388
1742	17722	4178	22784	3163
1743	17873	5143	19033	3101
1744	18318	4210	16205	3034

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Years.	Baptisms.		Marriages.	Deaths.		Foundlings.	
	Boys.	Girls.		Men.	Women	Boys.	Girls.
1745	9454	9386	4135	9261	861	661	1573
1746	9363	8984	4146	9418	8633	1677	1605
1747	9394	9052	4169	3592	8566	1677	1692
1748	9197	8710	4003	10265	9204	1762	1667
1749	9819	9339	4263	9864	8743	1923	1852
1750	9711	9324	4619	9961	8123	1943	1842
1751	9905	9416	5013	8800	7873	1922	1861
1752	10308	9909	4359	9573	8179	2046	2081
1753	10229	9500	4146	11676	10040	2216	2113
1754	9507	9402	4143	11978	9620	2117	2114
1755	9725	9687	4501	10930	9091	2171	2102
1756	10169	9837	4710	9083	8050	2453	2374
1757	9931	9438	4089	10682	9438	2502	2467
1758	9677	9471	4342	10027	9175	2632	2450
1759	9798	9260	4059	9560	8886	2693	2571
1760	9214	8777	3787	9674	8767	2573	2458
1761	9414	8960	3947	9446	8228	2747	2671
1762	9047	8762	4113	10691	9276	2698	2591
1763	8935	8524	4479	11126	8045	2630	2023
1764	9745	9659	4838	9438	7761	2825	2735
1765	9872	9567	4782	9651	9383	2780	2715
1766	9542	9231	4693	10940	8754	2898	2700
1767	10023	9726	4677	10805	8070	3065	2942
1768	9577	9001	4573	11522	9376	3044	2981
1769	9971	9474	4860	9701	8727	3254	3172
1770	10000	9549	4778	9921	8797	3531	3387

V.

Memoire sur les Enfans qui naissent sans un veritable Anus. Par M. Bertin. Vid. l'Histoire de l'Academie Royale des Sciences, Année 1771. 4to. à Paris 1774.

M. BERTIN'S observations on the disease alluded to in the title, are preceded by several pertinent remarks on the helpless state of new-born children, and on the absolute necessity of attending to all their wants.

One of the most material cares due by a nurse to a child, is to see that all the passages intended by nature, whether for the entrance or exit of the air and aliments, are free, and without any obstruction; for, as many cases occur, in which some of these are not altogether complete, if they are not soon either rendered so, or the deficiencies, in some measure, at least, supplied, such children cannot be supposed long to survive their birth.

Of all the different passages, none are found so liable to such obstructions as the anus, in which

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it is now well known they are far from being uncommon. This disorder, our author alledges, may, and has happened, in four different manners, all of which require a different method of treatment.

1. The anus may be entirely obstructed, either by a thin membrane, or a more fleshy substance, merely stopping up the external passage.

2. The rectum is sometimes wanting altogether; is sometimes not perforated through its whole extent; and sometimes terminates in one or two bags or culs-de-sacs, before reaching the external teguments.

3. The rectum in girls sometimes terminates in the vagina; and, on other occasions, by a double opening, one in the vagina, and another at the usual part, viz. the anus. It may end doubly too in another manner, viz. with one opening into the bladder, and another in the vagina.

4. In male children the rectum sometimes terminates in the bladder, without having any other opening; and in them likewise may end doubly, viz. both in the bladder, and at the ordinary situation of the anus. In the first of these circumstances, the disorder in general is very easily got the better of; for, when the passage is only

covered by a thin membrane, the proper situation of the anus is at once evident, both to the eye and the feel, by the pressure and blue colour occasioned at the part by the meconium within. Mr Levret, in such cases, advises a circular incision of the membrane ; but our author thinks, with Hildanus and Lamotte, that a simple incision is all that is requisite ; the wound being immediately washed with spirit of wine, and covered with dry char-pee, without even having recourse to tents. When, however, the obstructing substance is of a more thick fleshy nature, in place of one simple incision, two, three, or more may sometimes be necessary ; as it is much better to effectuate the opening safely, in a slow gradual manner, than run any risk of wounding the bladder and other contiguous parts, by plunging the scalpel to the bottom of the obstruction at once. In order farther to avoid the bladder too, we are advised to direct the course of the incisions backwards, near to the direction of the os sacrum. In such cases, where it is necessary to carry the opening to any considerable depth, either a tent, as described by Heister, must be introduced after the operation, or a canula, as directed by Hildanus ; as the sides of
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the wound would, without such a precaution, be apt to coalesce,

It sometimes happens that, although there be an opening at the ordinary part, yet the passage is too strait to allow a free exit to the meconium, and other excrements. This state of the disorder may be relieved in three different methods, either by diluting the fœces with frequent injections, so as to render their evacuation more easy ; by dilating the opening with a tent or canula of a proper size ; and, lastly, if neither of these answer, by enlarging the opening with a scalpel. A case is here related from Roonhuysen, wherein this last method was had recourse to with success.

The second species of this disorder enumerated by our author, is, as will be readily imagined, of a much more dangerous nature than the preceding. Several instances of it are here related by Mr Bertin, taken from the memoirs of the academy of sciences, and those of the academy of surgery, as well as some other authentic publications.

It has been proposed by Van Sweiten and others, in such desperate cases, wherein the rectum is altogether wanting, and when, at the same time, any attempts that have been made for the formation of an artificial anus have failed, that the abdo-

men of the child should be opened, so that, in this manner, such a passage for the fœces might be obtained, as has frequently been known to answer in very bad cases of herniæ. Our author, however, is of opinion, that such a dangerous and doubtful operation, should in no case be had recourse to, except it should in some particular instances so happen, that nature should point out the part proper for the opening, by the formation of a circumscribed tumor occasioned by the collection of meconium in the intestines; in which event, as the surgeon would then have a sure guide for the direction of his incisions, some operation of the kind proposed might, he thinks, be attempted. But, in general, all that is adviseable to be done, is, with a scalpel to make an opening of a proper size, at the usual part where the anus terminates; and the incision being carried as deep as conveniently it can, a pharyngotom is then to be directed on the finger, and pushed as far up as the operator judges can be done with safety; and its point being carried backwards towards the course of the os sacrum, the bladder may in that way be avoided.

It sometimes happens that, although there is an opening at the usual part where the anus terminates,

nates, yet the passage is entirely obstructed by the interference of some membrane or other substance, at the distance of two or more finger-breadths from the external opening. Such a case is here related, wherein, after the child's death, the inferior extremity of the colon was found about half an inch distant from the upper end of the rectum ; so that those two extremities of the two different intestines formed, as it were, two distinct *culs-de-sacs*. Our author is of opinion, that children, in this situation, might frequently be saved by a trocar or pharyngotom being pushed along the finger in a proper direction, so as to reach that part of the intestine containing the meconium ; and in fact, we find an instance related in the memoirs of the academy of surgery, tom. 1. page 385. of a child, who laboured under this species of the disorder, being recovered by the means proposed. The third species of the disorder now under consideration, arises, as was observed, from the rectum terminating in the vagina. It sometimes ends by one single opening in the vagina ; and at other times doubly, with one opening in the vagina, and another at the ordinary situation of the anus. In this last case, if the two openings are large enough for the passage of the fœces, little or nothing is necessary to be done ;

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for any operation that could be had recourse to, might produce fully greater inconveniences than can occur, even from a continuance of the disorder. But, on the contrary, when the two passages are found insufficient for the exit of the fœces, the opening at the anus should be enlarged, either by means of tents or canulas of different sizes ; or, if these are found ineffectual, by the scalpel, as advised in the first species of the disorder. When it so happens, that the rectum opens altogether into the vagina, and at the same time there is reason from appearances to imagine, that the gut could be easily got at by an incision upon the usual situation of the anus, the operation, in such a case, should certainly be had recourse to, as it may be a means, if not of curing the inconvenience altogether, at least of rendering it more tolerable.

The fourth and last species of the complaint proceeds, as was observed, from the rectum terminating in the bladder. It cannot easily occur in girls, as in them the vagina interferes between the rectum and bladder ; but several instances of it in boys are here related by our author. The intestine may terminate either altogether in the bladder, or by two different openings, one in the bladder, and one externally, at the usual situation of the anus.

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Both species of the disorder must be considered as exceedingly dangerous, it being impossible for the fœces to find a passage by the narrow canal of the urethra ; and their being long retained in the bladder, must inevitably destroy the patient at last. It should therefore be the first object with practitioners, in all such cases, if possible, to make a free opening for the passage of the fœces from the bladder. Although the opening from the intestine into the bladder, may not perhaps be within reach either of the eye or finger, yet this species of the disorder is just as evidently characterised as any of the others, being always known to exist when the meconium and other excrements are passed by the urethra.

When an external opening takes place, together with the communication between the intestine and bladder, all that is necessary to be done, is to enlarge the former, through its whole extent, from the teguments to the gut itself, so as to make the passage for the fœces as free in that way as possible. And if that does not answer the purpose sufficiently, the incision should be carried into the posterior part of the bladder, so as to allow a free exit, both for what has been collected in it, and for such portions of the excrement as
may

may in future be emptied into it. The same steps become equally necessary when no opening occurs externally. An incision, to a proper depth, being previously made at the ordinary situation of the anus into this artificial opening, the finger is to be introduced, and a cutting instrument conveyed by it to the bladder. Whether a passage, so formed, between the bladder and rectum, will ever heal up or not, is uncertain; but, in such a state of the disorder as no other resource can afford any chance for the patient's recovery, it ought surely always to be put in practice. When the original passage between the bladder and rectum can be discovered by the finger, an enlargement of it may perhaps be preferable to any other; but when that cannot be done, an opening may either be made on the posterior part of the bladder, by a bistoury conducted on the finger, as already directed; or a staff being introduced at the urethra, a passage may be formed for the fœces in the neck of the bladder, by an incision of nearly the same parts as are now usually cut in the operation of lithotomy.

A case of this species of the disorder that occurred to our author, is here circumstantially related; and he regrets much his not having had recourse to what, he is now convinced, might probably

probably have saved the child, viz. such an opening into the bladder as above directed. There was no external opening ; but, as the usual situation of the anus was marked out by a remarkable violet colour, it was not doubted that the meconium was near at hand. On carrying the incision very deep, however, no appearance of the intestine could be observed ; and, as the propriety of making an opening into the bladder did not at the time occur to the practitioners concerned, the child perished evidently by the excrements being too long retained in the bladder.

VI.

Cases of retroverted Uterus, by Dr Garthshore, Mr Hooper, and Mr Bird, with Remarks on that disease, by Dr Hunter. Vid. Medical Observations and Inquiries by a Society of Physicians in London. 8vo. London.

IN the volume of the London Medical Observations and Inquiries, lately published, are inserted no less than five cases of retroverted uterus, which, in the course of three or four years, had occurred to three practitioners in midwifery ; one to Mr Bird surgeon at Chelmsford, two to Mr Joseph Hooper, and two to Doctor

tor Maxwell Garlhore. In the treatment of these feveral cafes, the directions laid down by Dr Hunter in the fourth volume of these observations, were, with very little alteration, pursued in all of them, and, by the assistance of the above named gentlemen, all the women did well. The reduction of the uterus being, in each, accomplished with more or less difficulty, according as the disorder had been of longer or shorter duration. Whether or not any particular period of pregnancy is more liable than others to this disorder, is perhaps as yet uncertain; it may however be remarked, that all the five women, in whom the cafes alluded to occurred, were either in the third, or between the third and fourth months.

These cafes have perhaps, in some measure, led to the following remarks on the disease in question, by Dr William Hunter.

The growing bulk of the uterus in the first months of pregnancy, before it rises above the brim of the pelvis, has a natural tendency to produce micturition, dysury, and suppression of urine. The particular form and state of the pelvis, in many instances, may contribute much to such complaints, and even to the retroversion itself in various degrees. The Doctor says *various degrees*,

as he is convinced, by the cases he has seen, as well as by the nature of the parts concerned, that, in different cases of that kind, the axis of the uterus is thrown into different directions.

That pelvis which is most capacious below, and narrowest above, will be the most disposed to such disorders; and our author imagines, that very corpulent women will seldom or never have the complaint. When the lower part of the pelvis is very capacious, and especially when there is little adeps to fill it up, the enlarged uterus, in the second and third months, will occupy the lower part principally of the pelvis; it will press more upon the meatus urinae than upon the upper part of the bladder, and thereby dispose the patient more to dysury and suppression. In consequence of the last, she will have more frequent calls and urgent bearings downwards.

In this state, the complaint will take a very different turn in different cases, as the influence of various causes, singly or in co-operation, may happen to direct. If the causes of the complaint exist in a less degree, which is most commonly the case, especially when accompanied with favourable postures and motions of the body; and if the patient takes pains to keep the bladder tolerably

rably empty, nature will recover herself, and go on in her usual course.

But, when the contrary happens, the uterus, increasing daily, will at length be so jammed in the pelvis, as to bring the patient into a very painful and hazardous situation. Being kept down by the distended bladder which rises over it, and urged frequently and powerfully downwards by the efforts of the patient, it is pressed against the parietes, and especially the lower parts of the pelvis. Where those parietes are bony, it is restrained to the cavity of the pelvis; but, where fleshy and yielding, it swells outwards, and forms projections, which fix it almost immoveably in that situation. In this distressing state, the uterus may be, 1. Fully retroverted; or, 2. Half retroverted; or, 3. So far in its natural state, that the orifice of the uterus shall be downwards.

1. One of the most usual causes of the full retroversion, we may suppose, is the distension of the bladder, which, as it rises upwards into the abdomen, where it has room to expand, naturally tends to drag along with itself the cervix uteri, and the adjacent part of the vagina, to which it is fixed; thus the full retroversion will be produced.

2. But,

2. But, when there is a coincidence of such causes as, in some degree, obstruct the revolution of the uterus, it will be only partially or half retroverted. This was actually the fact, in one of the cases, communicated to the society by Dr Garthshore. There the fundus uteri was turned back so far only as to bring the orifice of the uterus close to the inside of the lower part of the symphysis of the ossa pubis.

3. And, when the causes above mentioned operate powerfully in keeping the uterus steady, it will be so little retroverted, that the orifice of the uterus will be pushing out of the body as in a common procedentia. This was actually the case, we are told, in a woman whom the Doctor attended not long ago, along with Mr Combe. The water was at first very difficult to draw off; but the patient recovered, and did very well.

With respect to the treatment of this disease, experience, as far as can yet be judged, has only confirmed what was at first proposed by Doctor Hunter, in a former volume of these observations. By some, indeed, it has been said, that the retroverted uterus would, of itself, recover its natural situation, if, by the constant and proper use of

the catheter, the bladder were but kept moderately empty. In many, perhaps it might be so; it is our author's opinion, however, that, when it can be done with ease, (and, in most instances, it may), it would be better to put an end at once to pain and danger, by replacing the uterus. Practitioners know both how painful and how dangerous the situation of a patient is, whose urine cannot pass but through the catheter. Besides this, it is sometimes so very difficult to insinuate the catheter, that even expert operators fail. And, in most of those cases, the patient is liable to be without help at the proper times, and to be thereby exposed to mischief, perhaps, irreparable. If, in a short space of time, two women were known to have lost their lives by this disorder in London hospitals, where help is always at hand, must we not presume that every woman is in danger who has a retroverted uterus? And, when we can easily at once remove her pain, and put her into a state of security, can it be advisable to be passing the catheter for days and weeks together, till the uterus recovers itself, even if we could be sure that this would happen?

VII.

The Case of a Hydrophobia, by Dr Fothergill, F. R. S. Vide London Medical Observations and Inquiries, vol. 5th, 8vo, London.

THE Ormskirk medicine, which has been so long famous for the cure of persons bit by mad dogs, has so generally, in this country, at least, acquired such a character, that to many, the strongest and most convincing proofs of its inefficacy must be held forth, before they will be prevented from placing more dependence on it than there is now too much reason to suspect it deserves. The following case, however, seems to put the fallibility of the medicine beyond all manner of doubt.

Doctor Fothergill not having seen the patient, in whom the case alluded to occurred, till some days after the disorder had begun to make its appearance, his account of the case during his attendance, is preceded by a state of what had previously happened, while the patient was under the care of Mr French, his apothecary.

Mr Charles Bellamy of Holborn, aged forty years, on the 14th of February 1774, was bit by a cat, which was killed the same morning. The day after, viz. February 15th, he took the celebrated Ormskirk medicine, sold by Hill and Berry, in Hill-street Berkely-square, and conformed to the directions given by the vender, in every respect. A servant maid, who was bit in the leg by the same cat, immediately before her master was bitten, likewise took the same remedy.

About the middle of April he complained of a pain in his right knee, which he supposed was affected with rheumatism; he had felt the like pain, at times, during the last two years, and had procured himself ease by pumping cold water on the part. On the 7th of June, his complaint increasing, he desired Mr French to attempt something for his relief; and accordingly pills were sent him, composed of calomel, ipecacuanha, and pill. saponac. Of these he was to take dozes, of a proper strength, daily, together with Huxham's tincture of bark, and buck-bean tea.

After having taken these medicines about six days, he discovered an unusual titulation in the urethra, a contraction of the scrotum and penis,
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to a degree of pain, and an emission of semen, after making water, to which he had frequent calls. Alarmed at these symptoms, which he attributed to his medicines, he was desired to discontinue them, and to live as temperately, in every respect, as possible.

On Thursday the 16th of June, he sent for Mr French in the morning, when he complained much of having had a restless night, and said, that, though he had eat some bread and butter, as usual, for breakfast, yet he found he could not swallow tea without difficulty. He attempted it then, by throwing a little into his mouth with the utmost agitation. Recollecting the accident of the bite, and apprehending the most serious consequences, Mr French, without discovering his apprehensions to the patient, proposed that a physician might be sent for. Doctor Fothergill was immediately called; and, as the patient's danger then appeared evident, a consultation was desired, and the Doctor accordingly met with Doctor Watson, the person pitched upon, on the evening of the same day. In the mean time, six ounces of blood were ordered to be taken from the arm, a bolus of native cinna-
bar, and half a scruple of musk, to be taken eve-

ry four hours, and as much fruit and other nourishment prescribed, as the patient could easily get down, he, by that time, having found a good deal of difficulty in swallowing any thing liquid.

In the evening his countenance was pale, and he seemed much agitated and distressed, complained of extreme thirst, and of the impossibility of swallowing any liquid. His tongue was white, but did not appear dry. He was perpetually endeavouring, with great efforts, to bring up and discharge a viscid tenacious phlegm which lined the fauces. The heat of his body was moderate; but his pulse was quick, hard, and irregular; and he had strong palpitations of his heart. He was perfectly sensible; and, when his endeavours to discharge the viscid phlegm would allow him to speak, gave very pertinent answers. He had made but little urine since morning; the dragging, as he called it, of the scrotum, still continued, and the uneasy sensation and emission. The blood which was taken in the morning, had some slight appearance of inflammation; the crassamentum was firm, with slight traces of size, but the serum remarkably yellow. There had been no evacuation by stool since morning; and, upon the whole, it was evident, that, in that time, the disorder

order had increased. On manfully considering the patient's hazardous situation, the following process was agreed upon : A clyster was ordered, with a view to procure a stool or two; and the patient afterwards to use the warm bath, for such a time, and of such a degree of heat, as was most agreeable to himself. At his return from the bath, frequent clysters were given, of a pint of milk and water each ; and in the last of these was to be exhibited a dram of Dover's powder. He was ordered to rub two drams of strong mercurial unctiön into his legs and thighs, as soon as he came home from the bath, and he was desired to get down all the sustenance he could.

On the morning of the 17th, it was found, that the laxative clyster had operated properly. The warm bath relieved him greatly while he was in it ; so that, for a time, as he expressed it, his sufferings were suspended. They had returned, however, with more violence in the night ; the clysters had been repeated several times, and the unctiön applied. He had passed a most restless night, totally without sleep, and in much agitation, not being able to lie still a moment. His countenance bespoke much distress, though accompanied with endeavours to conceal it ; so

times he was calm, then agitated, talked much, but sensibly. He had now a copious flow of saliva; his tongue white and moist, but foul. His pulse very quick, small, hard, and irregular; his hands rather cold than hot. He had made water in the night with less difficulty, and without its usual consequences. The dragging pain, or spasmodic affection of the cremaster, was gone off. In general, his strength and faculties seemed less impaired than might have been expected, where so little sustenance had been taken in, with constant restlessness, and no sleep.

On observing, therefore, that there was a more copious flow of saliva, the tongue more moist, the thirst less, the spasm of the cremaster gone, yet that his difficulty in swallowing was not less, still no sleep, but his head still clear; that his pulse continued hard and quick; that there were some appearances of an inflammatory density the preceeding day; that he had found relief from the bath, it seemed proper to continue the former plan. It was now ordered that the patient should be bled standing, according as his strength could bear it: That he should remain in the warm bath, for as long a space as he found agreeable: That a clyster of milk and water should be thrown up at his return

turn from the bath, with a dram of Dover's powders, and half an ounce of mercurial unction rubbed in as soon thereafter as convenient. One scruple of extract. thebaic. was ordered to be made into twenty pills, three of these to be given when he came out of the bath, and two every hour till he seemed disposed to sleep. At five next morning his physicians visited him again, when he received them with the utmost transport and joy; describing, in very strong terms, the pleasure and benefit he received from the warm bath, and the hopes he now conceived of a speedy recovery. A vast quantity of viscid phlegm was continually flowing into his mouth, which he was as constantly employed in discharging; for it seemed to have the same effects on the organs of deglutition, as if he attempted to swallow any other liquor, and gave him extreme uneasiness. To get rid of this defluxion, the moment he felt it in the fauces, he exerted a sudden and vehement expiration, as if it were with a design to blow away the moisture so offensive to him, with the utmost force and expedition. This occasioned a sound, which did not seem very remote from the hollow barking of a dog. When he was not employed in these efforts, he

was

was talking constantly, but coherently. His eyes had a particular keenness, and all his motions were quick and vehement ; his pulse was also quick, hard, sometimes trembling and irregular. His hands were rather cold and clammy ; but the general heat of his body not intemperate. On inquiry, it was found, that all the nourishment he had taken, consisted of a few bits of bread, moistened with wine, a little pudding, and two or three pieces of China orange, which pleased him much. He had taken none of the pills.

On his desiring to be shaved, every fresh application of the lather to his face, as likewise of the razor, made him fall back with surprise ; and, in short, every new movement about him gave him some fresh alarm, some degree of agitation and anxiety. Whilst the patient was in the bath, the person attending, without any particular intention, took up some of the water in his hand, and poured it on the patient's head and face ; this confused him much ; and he afterwards described the distress it gave him very emphatically ; and added, with much apparent satisfaction, that he had so far conquered his aversion to it, that he had poured water on himself, with his own hand, in the same manner. In speaking of this affair

fair he mentioned the term *Hydrophobia*; observing, that his complaints resembled it; yet without giving any reason to apprehend he had the least idea of his actually labouring under this distemper. He had not slept a moment from the time he was seized with the dread of liquids. He repeatedly expressed the satisfaction he received from the bath, and wished to go into it again. His physicians consented, and desired that he might be carried thither again, and that he might stay in it as long as he chose.

Every new operation now became an extreme difficulty to him; such as dressing and undressing at the bath, and going into the water, which he now did with much entreaty, putting one foot in, and hastily withdrawing it. He was at length prevailed to go into it. A recollection of the ease he had enjoyed in it before, aided by a manly resolution that never forsook him, subdued his fears, and he remained in it near half an hour. He was brought home about nine o'clock. He refused to take the pills, and every other prescription. He grew fretful and restless; soon became delirious, but offered no violence. After remaining in this condition about two hours, the powers of nature
 sunk;

funk; he reclined his head gently on the pillow, and expired.

Endeavours were used to observe the condition of the part that was bit, when he was dressing after bathing, as far as could be done without alarming him; but without effect. After death, it was examined minutely, but without perceiving the least morbid appearance. In the course of attendance, it was found out, that the sore occasioned by the bite of the cat soon healed, and the patient never afterwards thought more of it. Perhaps fortunately for the girl who was bit at the same time, her leg did not heal; it grew worse, and baffled the skill of a young surgeon to whom she applied. It is since known, that her leg continued long sore, as likewise that she was perfectly well on the 29th of August, being more than two months after the death of her master.

After this detail of the patient's case, Doctor Fothergill concludes this paper with several observations on the treatment of persons bit by mad dogs; and, in an after-part of the same volume, is inserted another paper by Doctor Fothergill, containing a variety of remarks on the same subject. His observations are, that the practice of immersion

in

in salt water, as a preservative from the hydrophobia, was begun on false principles, has been continued through custom, and has now, from many instances, been found insufficient: That the Ormskirk medicine has likewise failed: That mercurials are also, as preservatives, ineffectual: That neither the pulvis antilyssus of our very eminent countryman, nor the Tonquin medicine, are altogether to be relied on as certain prophylactics. It seems therefore necessary, the Doctor observes, to withdraw the public confidence as much as possible from such uncertainties, and to urge the trial of one, which if used speedily and effectually, promises much security, and is strongly recommended by long and extensive experience. The practice here alluded to, and recommended by our author, is that of keeping the wounds occasioned by the bite of mad animals open as long as possible. The case above related of the girl escaping who was bit by the same animal, and at the same time with another person who died, tends greatly to the support of what is here advised; the only material difference in the treatment of these two cases, having been the sores in the girl's legs having been kept open for a considerable time, while those on her master's healed very

very soon. Divers other cases, we are told, have been related to the Doctor, of persons escaping the fatal consequences of this bite, by the continued running of the sore; it ought therefore, he observes, to be the first business of those who have the care of such persons, to pursue the directions of Celsus, who advises practitioners to burn the part, when it can be done with safety, and to promote a discharge from the wound as long and as copiously as possible. In timid subjects, who will not admit of the use of either the actual cautery or knife, for enlarging such wounds, Doctor Fothergill proposes to fill the wounds made by the bite with gun-powder, which being set on fire, the explosion thereby occasioned, may not only be of service by enlarging and keeping open the sores, but may likewise be a means of actually destroying the infectious matter communicated by the different bites. This, we are told, is a practice in some of the warmer countries of Europe, where venomous animals are more frequent than with us, and where the method here recommended is more easily and conveniently had recourse to, than any other, by huntsmen, who are much exposed to the bites of such creatures. In very tender subjects,

subjects, the Doctor observes, the application of a blister to the part might probably be of use ; and this might be kept open, for such a length of time as the security of the patient might seem to require.

VIII.

A remarkable Case of the softness of the Bones, by Mr Henry Thompson, Surgeon to the London Hospital. Vide Medical Observations and Inquiries, by a Society of Physicians in London. Vol. 5th, 8vo, London.

SEVERAL instances are now upon record, of the bones, even in the living body, having acquired a great degree of softness ; and of these, the following is, perhaps, none of the least remarkable.

The patient, who was the subject of the case here related by Mr Thompson, was a shoemaker in Wapping, aged thirty-three years, five feet seven inches high. He enjoyed good health till the year 1766, when he was seized with violent pains in
his

his knees and feet, and was tormented with a head-ach, which came on at irregular periods. For these pains, which were considered as rheumatic, a variety of remedies were had recourse to without any effect.

In November 1768, by a fall in his shop, the patient fancied he had sprained his knee; this injury confined him to bed about a week, and he was afterwards unable to walk without the support, both of a person's arm and a crutch-stick. On the 21st of December following, on endeavouring to go up stairs to bed, he struck the toe of his right foot upon the edge of a step, and instantly cried out that his thigh was broke. The following day Mr Thompson, on examination, found a fracture of the thigh-bone, near its upper extremity. The reduction was effected with very little extension; but the pain, which before was considerable, was not thereby so much diminished as might have been expected. About the end of five weeks from the time the bone had been replaced, the apparatus made use of for its retention was all taken off, with a view to observe how far the union had taken place. In the course of this examination, Mr Thompson was surpris'd to find the thigh-bone yield and fall in,
about

about a hand-breadth above the knee, similar to what occurs in a fracture, excepting, that in this case, there was no sensation of grating, as is usual, when the broken bone is of a solid texture. No violence whatever had been used, the leg having been merely lifted by one hand put below the ham, while another embraced it a little above the ankle. The operator, however, was still more astonished, on turning to the assistant who held the leg, when he observed a similar separation of the *tibia* and *fibula* had taken place, about a hand-breadth below the tuberosity in the os femoris. Both these separations were unaccompanied with any remarkable signs of additional pain to the patient.

Upon examining the patient, with a view to the discovery of the cause of such a miserable state as he was now in, he acknowledged his having laboured under the venereal disease for upwards of eight years; that he had scorbutic blotches upon him for some years, and that he even then had a gleet. Mr Thompson, from the appearance of the eruptions, being convinced of their being venereal, put the patient immediately under a mercurial course, ordering a dram of strong unction to be rubbed in every night.

On examining the fissure occasioned in the leg, a regular transverse cleft was perceived in the tibia, without any appearance, however, either of ecchymosis or tumefaction. And as, on tracing the surface of the tibia below the fissure, a remarkable softness and yielding of the bone was discovered, similar to a fluid being contained in it, Mr Thompson, in order to discover the cause of so uncommon a feel, made two incisions parallel to one another, and about five inches in length, through the skin, along the spine of the tibia, and then removed the intermediate portion of the teguments, clear from the periosteum, which was very thin. Finding that the external part of the bone was very pliant and yielding, the scalpel was passed through it, and the denuded part all removed with the greatest ease, its texture being only about the solidity and thickness of the rind of cheese. This being done, a dusky red, or liver-coloured flesh, was found occupying the whole internal part of the bone, devoid of sensibility, and from which the osseous covering had been removed without the least hæmorrhage; in short, it appeared an unorganized mass, similar to the flesh-like substance or coagulum which may be
formed

formed upon a stick or feather, by stirring fresh drawn blood in a basin.

By the mercury being continued a proper time, the pains in his limbs were alleviated; the wound in the leg healed kindly; the eruption on the skin gradually disappeared; and, upon the whole, his health seemed much amended. The mollities ossium, however, still continued to gain ground, the left tibia becoming soft in the same manner the right had formerly done; that leg and thigh, of course, lost its straightness, and became deformed, as the other had done before. In proportion as this contraction and deformity took place, the patient gradually lost all sense of muscular action; but, when it became necessary to smooth the sheet under him, he was very sensible of pain, upon lifting up and laying down the limbs. His appetite remained good the whole time of his confinement, till within three week of his death. As he was sometimes costive, laxatives were necessary. His urine, for the first two years, generally deposited a whitish sediment, which, upon evaporation, became like mortar; and he voided three or four small jagged stones, some time after a complaint in his loins. He was at last carried off by a phtisy on the 18th of February

1775, after a confinement to bed of above six years.

Doctor Hunter assisted at opening the body : The ribs and sternum were found to have lost all their solidity, being easily cut through with a common scalpel. The cartilages of the ribs were unaltered ; the contents of the thorax and abdomen appeared in a healthy state, and were no otherwise affected than by situation, owing to the deformity of what originally formed the bony supports of the thorax, the spine, and pelvis. The gall-bladder, however, was destitute of bile, greatly contracted, and contained a considerable number of very small black jagged stones, resembling coal dust. The state of every bone in the body was afterwards looked into ; and the result was, that the knife could easily be passed through those of the cranium, sternum, ribs, vertebrae, pelvis, and all the cylindrical bones which formed the extremities ; and the phalanges of the fingers were even so much altered, that they were capable of being slit through longitudinally. All these originally bony parts consisted of a mere cortical or outside osseous covering, of the thickness of rind of cheese, and of an inside flesh-coloured mass. The cartilaginous coverings of the epiphyses

epiphyses of the bones of the extremities appeared to have lost much of their original thickness. In many parts of the epiphyses, it appeared as if this cartilaginous covering was in a manner annihilated, whilst, in other parts, it appeared prominent and full of bumps. The epiphyses were equally compressible and springy to the touch as the diaphyses of the same bones; and, although there was an apparent diminution of cartilaginous covering, yet it by no means appeared to be abraded, since what remained preserved its pearly colour and smooth polish; and it is remarkable, that though the joints of the lower extremities in particular, had been destitute of motion above six years, the synovia was perfectly good, and in great quantity. It may farther be added, that the muscular parts, in general, but more particularly of the lower extremities, were exceedingly pale, having lost the appearance of flesh; and, it would scarcely have been possible to have traced them by dissection, from their contortion and adhesion to each other.

IX.

An Account of an Asthma from an uncommon Cause, by Dr Rush of Philadelphia. Vid. Medical Observations and Inquiries, Vol. V. 8vo, London.

IN the month of July 1771, a gentleman, newly recovered from a fever, was suddenly seized with a hiccough after drinking a glass of claret. This troublesome symptom, after eight or ten days continuance, at last gave way to some antispasmodic medicines; and no complaint now remained, farther than a slight hoarseness, together with some little defluxion on the trachea. To remove these, as they were supposed to proceed from a want of tone, gentle exercise, with a free diet, was prescribed, but to no purpose; the hoarseness still continued, and at times was complicated with a little difficulty in breathing. A blister, applied round his neck, relieved him greatly; and, a day or two thereafter, a gentle puke carried off the difficulty of breathing entirely. This interval, however, was but of short duration. The night but one after taking the
vomit,

vomit, he waked suddenly out of his sleep about eleven o'clock with a violent asthma. To relieve this, he got a grain or two of tartar emetic, with forty drops of laudanum, which puked him twice, and afterwards eased him so much, that he slept the remaining part of the night tolerably well. The following night, at eleven o'clock, he had another attack similar to the former, and was again relieved by the same medicines. After this, he never enjoyed a complete intermission of this disorder. He had a constant orthopnoea, and breathed so loud as to be heard at a considerable distance. His abdomen was drawn more inwards than is natural, at each inspiration; but the muscles that move the scapula were never observed in action. He frequently threw his head back to get breath, and then always made a deep inspiration. His lungs seemed free from any complaint: He felt no pain in his breast; and, when a little relieved from the difficulty of breathing, could lie with equal ease on either side. His belly was natural; his urine in small quantity; and his pulse quick, though regular, till within four days or so of his death, at which time it intermitted after every fourth or fifth stroke. His eyes were dull and watery; and he frequently

complained of a dizziness, but never of the least pain in his head, or of any defect in vision. He coughed much towards the close of the disorder, and discharged a large quantity of viscid purulent matter, without any relief however to his complaints.

He frequently put his hand to his throat, and sometimes felt a pricking pain below the cricoid cartilage, on the left side of the trachea; and as, on inquiring, he acknowledged his having at times felt a slight difficulty in swallowing, these symptoms, we are told, determined Doctor Rush as to the cause and seat of the disorder: For, having lately perused *Morgagni de causis et sedibus morborum*, he found, in letter xv. articles 13th and 15th, two cases which resembled this in so many particulars, that he was under no hesitation in declaring the disease to arise from some kind of tumour compressing the windpipe. Discutient applications were ordered to the throat; and the case being now considered as alarming, other two physicians were called in, who both agreed as to what had been suspected for the seat of the disease. There was no swelling or appearance outwardly, to direct either to the seat, depth, or nature of the tumor which compressed the windpipe; but

but ſome blood was ordered to be drawn by means of a cupping-glaſs, as near as poſſible to the part where he had felt the pricking pain. A bliſter was applied round the throat, and another ſoon after below the left ear. He got ſome doſes of calomel. Baths and cordials were freely adminiſtered, together with diſcutient gargles; but all to no purpoſe. The patient died on the thirteenth day from the attack of the aſthma. On opening the thorax after death, the lungs were found inflated with air, but in no reſpect either diſeaſed, or adhering to the pleura; and there was no water in the cavity of the thorax, and not above an ounce and half in the pericardium.

On diſſecting the windpipe from the neighbouring parts, a tumour, about the ſize of an Engliſh walnut, was obſerved on the left ſide, near an inch below the cricoid cartilage, ſeated partly on the trachea, and partly on the oeſophagus. On cutting into this tumour, which was of a ſubſtance between fleſh and cartilage, about a tea ſpoonful of dark-coloured matter burſt out, which had a moſt foetid ſmell. The matter laid upon the trachea itſelf, and was lodged in a ſinus which extended near two inches above the ſeat of the tumour.

tumour. It was evident that the tumour had been[^] the cause of the patient's death; but it was likewise obvious, that no operation could have been put in practice for his relief: For, to say nothing of the uncertainty of the situation of the swelling, there would have been a risk of wounding the carotid artery, which lay contiguous to it. Even bronchotomy itself, if performed above the tumour, would have afforded no relief; and, if below it, would only have prolonged the patient's misery.

Dr Rush concludes this paper by observing, that the symptoms, which occurred in this patient's disorder, should lead us to inquire into the state of the trachea more frequently in a hoarseness. And although, in the present case, the tumour lay beyond the reach of medicine and the knife, yet such swellings may occur in practice as will yield to one, or to both of them; and, if they should not, the physician may at least save his credit, by pronouncing the disorder to be incurable.

S E C T.

S E C T. II.

Medical Observations.

I.

*The History of a case of the Morbus Niger, with
some Remarks on the effects of Camphor. By
Dr Henry Marcard, Physician at Hannover.*

A Woman of a very deformed crooked shape, about 48 years of age, had complained, many years ago, of very severe pains about her stomach, attacking by intervals, and commonly accompanied with belching, and a rejection of the food, or, if she had taken none, of an insipid lymph. The disorder was allowed to be of the hysterical kind, and treated as such, there being no apparent reason to impute it to any other cause.

On

On the 16th of February 1773, when I was called for, I was told that she was then attacked with those pains, to a degree never before experienced ; that she had vomited up some black stuff like coagulated blood. I found no fever ; she had great nausea ; her tongue was not at all furred ; she had most excruciating pains in the hypogastric region, and was much affected with anxiety.

I should have given her a vomit ; but durst not venture upon it, from the apprehension that the rejection of the black matter might be a sort of vomitus cruentus, as it afterwards proved not to be ; and besides, as it would have been against the common rule, *Gibbosis nulla sunt exhibenda vomitoria* ; which, by the bye, is a principle, I think, far too generally pronounced ; and there is no doubt this very woman might have taken a vomit with great safety, as she brought forth, notwithstanding her irregular shape, and even the apparent deformity of her pelvis, six healthy children, then all alive.

Thinking, however, some evacuation proper, I ordered something to open the body, and the emplastrum de hyosciamo to be laid over her belly.

ly. The following day she was remarkably better, and continued so all the 18th.

On the 19th, at once, arose a severe fever; the pains in the region of the stomach became intolerable; she was constantly vomiting, without bringing up any thing particular, and had no stools.

I ordered ten ounces of blood to be taken away; frequent clysters, composed of emollient and salt, to be given; a bladder with warm water to be laid upon her stomach, and a mixture of lemon juice and *sal absynthii* to be taken several times during the effervescence. Towards night I found the heat abated; she vomited only by intervals of an hour, and the clysters brought away, now and then, somewhat more of the coagulated blood, as the friends of the patient stiled it, which they had omitted to keep for my examination.

On the 21st, in the afternoon, I was told that the patient was in a dying condition, the pains being augmented to such a degree, as to produce convulsions and a cold sweat.

I own I was now quite at a loss what to do, being entirely ignorant from what cause these heavy symptoms could rise. And though I suspected the black stuff might be the origin, yet I knew so little about its nature, that even that
could

could give me no directions at all. I resolved at last to prescribe three grains of camphor every four hours, in an emulsion, with some nitre, and a good deal of syrup of white poppies, and to order a large blister upon the part affected. On the same night, about eight o'clock, I was called again, and was told that the patient, not long after having taken the emulsion, began to vomit in a most shocking manner; and that the people about her really believed she puked most part of her guts away, such strange matters as they thought were to be observed in what she threw up. Before my arrival, the vomiting had ceased; but a large quantity, at least sixteen ounces, of the black stuff was collected for my examination. Upon inquiry, I found it to be a matter somewhat like poultice, but less adherent; it was quite black, neither inclining to the red nor to the yellow, being neither blood nor gall. I put a little of it upon white paper; and, after it was rubbed upon the paper, it went clear off from the sheet without colouring it, or leaving any mark behind besides moisture. The patient said, that it had no particular taste. I have never seen any matter more resembling this, than the contents of a *tumor cysticus*, an *atheroma*, which I found once in
the

the dead body of an old man, just under the spleen.

The patient was much relieved by this evacuation, though she became extremely weak; she recovered very slowly, but did never vomit again. As often as she complained of nausea and pains, I ordered her purgatives and clysters, and heard that they frequently brought off somewhat more of the black matter, with apparent relief. She fell afterwards into a slight fever, and some other little complaints, of which it is unnecessary to give any particular account; but, after two months from the beginning of her illness, she was intirely recovered, and had never again an attack of her old complaint, the pains.

I do not pretend to determine whether this stuff came from the spleen, by means of the *vasa brevia*, or whether, perhaps, a *tumor cysticus* near the stomach furnished the matter. This case *may* probably fall under that species *morbi nigri Hippocratis*, whereof he says: *Aeger vigium vomit reluti foecem*; but is not to be determined, as he gives no further description of that species.

I shall forbear mentioning any authors who have seen similar cases that proved, I find, commonly fatal. One observation, however, I cannot help adding, concerning the effect of camphor
in

in the present case. All the *vires vitæ* seemed to have undergone a very hard struggle by the time that I resolved to try the effect of camphor, and, soon after it was taken, all was brought about.

Not long ago, I have seen an effect of camphor pretty much resembling this one. A woman was taken ill of a pleurisy of the bilious kind. After about seven days, the pleuritic symptoms disappeared, and the remaining disorder was, as far as I could guess, merely bilious. Besides acids, I ordered frequent purgatives, and gave them as strong as I durst venture upon. They had always the desired effect, causing some stools every day; but there was no change to the better; she rather became weaker and weaker. I, however, continued for some days in the same way. On the 15th day of her illness, I found the patient very low; she could not well sit in her bed; her pulse was hardly to be felt; though she was not light headed, she could neither think nor speak without great difficulty.

I thought it now necessary to try another way, and gave her four grains of camphor, to be taken in four pills, every third hour; and besides,
ordered

ordered some wine. Upon my calling again at night, the husband of the patient told me that these few pills had proved very efficacious ; and, upon inquiry, I was not a little surprised to find, that, after the first dose, the patient had six stools of green viscous stinking excrements ; and that, after the second dose, there followed three more ; after which she found herself a little better. From that time she began to mend ; she recovered afterwards, but extremely slowly.

As camphor has neither faculties to effect vomiting nor purging, it is somewhat difficult to discover what cause the effects could be derived from, which it exerted in these two cases. Nor shall I presume to determine whether it acted thus, by adding to the stimulus of the morbid matter, or by adding to the irritability of the parts, or rather by supporting the *vires totius corporis* : Be that as it may, this conclusion seems very obvious, that camphor might prove many times an excellent remedy when the patient grows weak, whilst nature intends a salutary evacuation ; though certainly the effects can never be so evident when the evacuation is to come from other excretory organs than the *primae viae* ; when the

morbid matter is to be eliminated by insensible perspiration, by urine, sweat, or eruptions.

II.

Case of the Puncture of a Nerve in Phlebotomy, communicated to Dr Andrew Duncan, Physician in Edinburgh. By Mr John Sherwen, Surgeon, Enfield, Middlesex.

HOWEVER easy and trifling the operation of bleeding appears, yet it is well known to be often succeeded by the most serious and alarming consequences; and some of these, in all probability, as often happen under the hands of the most skilful as of the most ignorant and illiterate operator. Hitherto, when no particular bad habit could account for it, the inflamed and painful symptoms which follow bleeding, have been pretty generally ascribed to the puncture of a tendon or subcutaneous nerve; but, lately, Mr John Hunter, whose skill in his profession is justly celebrated, has advanced a contrary doctrine. He rejects the commonly received opinions, and supposes, that an inflammation attacks the cavity of

the vein in consequence of its having been exposed to the external air, which is well known to all experienced practitioners, to be injurious to other cavities when exposed to its influence; and which, no doubt, as Mr Hunter observes, may sometimes be the consequence of bleeding. But I am very far from thinking, with him, that, most commonly, the inflamed or painful symptoms proceed from this cause, or that the nerves which are liable to be wounded in venesection, are small and unimportant: Small indeed they may be, but as to their being unimportant, that does not so readily follow; for every person who has paid proper attention to the phaenomena which belong to the nervous system must know, that the smallest fibre of a nerve when injured, under certain circumstances, will communicate irritation from one branch to another, in a most extraordinary manner.

I believe the painful symptoms much oftener arise from the partial division of a nerve than from any other cause; and I think it a circumstance of consequence in practice, to be convinced of this matter; which will appear from the following case which lately fell under my care, and which demonstrates that sometimes, at least, if not much

oftener than Mr Hunter fuppofes, the puncture of a nerve in phlebotomy may be attended with the moft dangerous and alarming fymptoms.

Sufan — a maid-fervant, in the family of W. Bridgen, Efq; a young woman of a plethoric habit of body, was blooded, to the amount of twelve ounces, on the 14th of laft April, for a little heavinefs in her head; ſhe was, in other reſpects, in good health. The vein bled freely, without any particular circumſtance being noticed, except a ſmarting of the orifice.

April 15. This day the patient took a doſe of phyſic, for the ſame cauſe for which ſhe had been blooded. The orifice had bled again, to the amount of fix or eight ounces, and continued to ſmart a good deal; in conſequence of which, a ſmall piece of the emplaftrum commune was applied to it.

16. The orifice ſtill continued to be uneaſy, and a pledgit of ſoft cerate was made uſe of, inſtead of the dyachilon.

17. Still the ſmarting and uneaſineſs continued, and ſhe now, I think, for the firſt time, mentioned her feeling a tingling pain ſhooting from the orifice to her hand. As there was difficulty in
procuring

procuring a better application, I made use of a cataplasm of bread and butter; and desired my patient to give her arm as much rest as possible.

18. On this day the orifice was very sore and tender; the tingling from the orifice to the hand was more painful, and extended upwards, towards the shoulder. I now ordered a fomentation and lintseed cataplasm, and the arm to be kept very quiet.

19. The pain and soreness of the orifice was much increased, and also the tingling pain from the orifice to the hand and shoulder: She had also a circumscribed pain on the lower part of the right pectoral muscle, with some redness and inflammation of the part, which was sore to the touch. The fomentation and cataplasm had both been neglected, and only the poultice of bread and butter made use of; and the girl was still under a necessity of doing the work of the house.

20. The fomentation and cataplasm had still been neglected, the patient having been informed that it would occasion a humour in her arm. This day, however, she submitted to be fomented, and a poultice of lintseed was ordered to be applied twice a day; she was enjoined a strict antiphlogistic regimen, and the arm was put into a

fling; but she was often obliged to take it out of the sling, as she was still under the necessity of doing the work of the house, which she performed with exquisite pain. The arm was much worse on the evening of this day than it was before; and there was now an appearance of erysipelas or efflorescence on different parts of it above the orifice. The pain now extended not only to the hand and shoulder, but up the neck, and was violent in the inflamed place on the pectoral muscle. The patient felt a numbness all over her arm. The orifice, though exquisitely tender, did not appear to be elevated or much inflamed.

Besides the applications already mentioned, the hand, arm, and shoulder, and the pectoral muscle were anointed with this liniment,

R. Camph. ʒi.

Spt. v. r. q. f.

Ungt. ex. alth. ʒifs.

Ol. e mucilagin. ʒfs.

Balsam. anodyn. ʒfs. m. f. lin.

21. The symptoms to day were much the same, or a little increased, and were attended with some involuntary convulsive catchings in the arm. The same applications, and the same regimen were continued.

22. The

22. The appearances much the same.

23. The symptoms were this day much increased; she had now a pain and stiffness in her temples, and uneasiness when she opened her mouth wide, her jaws, to use her own expression, feeling as if tied with strings; when she breathed deep, the pain on the pectoral muscle was acute. The fomentation and poultice were still continued, although they seemed to give little or no relief. A trifling discharge from the orifice had last night given some little ease, but it was not permanent; and, upon examining the orifice with a probe, there was no appearance of matter or any ichor that could be discharged. The patient said she felt as though strings were pulling and drawing her in different parts of her arm, and from the arm to the inflamed part on the pectoral muscle.

As the symptoms had now plainly indicated a nerve to be injured, the most likely means of giving relief was undoubtedly by enlarging the orifice; but this, for many reasons, could not be practised. I was therefore willing to try how far the sedative virtue of opium would be efficacious, in allaying the painful and troublesome symptoms. I gave twenty drops of tinctura the-

baica, and ordered half that quantity to be repeated every two hours, till it procured ease, or induced an inclination to sleep.

24. The tinctura thebaica had yesterday evidently exasperated all the symptoms, nor had it procured even a temporary mitigation of the pain, though it was taken in larger and more frequent doses than I had recommended; it occasioned some degree of stupor, but gave no ease; the internal use of it was therefore declined; but a large dossil of lint was made wet with tinctura thebaica and applied to the orifice, and it was repeated two or three times when it became dry. The whole arm was bathed with oil and tinctura thebaica, previous to the application of the lintseed cataplasin.

25. The pain was this day much increased, and she had frequent convulsive catchings in her arm. The orifice was, if possible, more tender than it had yet been; but there was no great tension about it, nor was there the smallest appearance of suppuration; but there was a good deal of rigidity both above and below the orifice. Theomentation was still continued twice a day, sometimes for three hours at once. The lintseed cataplasin was now applied over the whole arm,
from

from the hand to the shoulder, and the limb was kept constantly at rest.

26. Notwithstanding the great care and diligence with which the fomentation and cataplasm had been applied, the symptoms kept still increasing. Bark was now recommended by a gentleman of long and extensive practice, from a supposition that it might be productive of suppuration in some part of the arm. One scruple of the powder was given every two hours.

27. The symptoms were this day much the same as yesterday; but, if there was any change, it was for the worse. The fomentation and poultice were still continued. In private practice it is often difficult to act agreeably to one's own judgment, as it is often necessary to pay attention to the prejudices of people who are unacquainted with the nature of the attending circumstances. The present case afforded an instance of this; for, as it was presumable that the injury proceeded from the wound made by the lancet, it was not an easy matter to convey an idea, that the enlargement of a wound which had already done so much mischief, could be proper. The enlargement, however, was agreed to, from the hopes of its procuring a discharge of matter. I
lengthened

lengthened the orifice each way, and made a crucial incision upon it. Some slight relief was obtained for a few minutes, whilst the blood trickled from the wound into the warm fomentation. The bark was this day continued more freely than yesterday.

28. This morning I found every symptom very much exasperated; the bark was therefore laid aside, and two large leeches were applied to the edge of the orifice. These drew away much blood, and seemed to give some trifling relief, which was, however, soon followed by increased pain, and drawing of strings, to use the patient's own words. Her appetite for food had now been gone for some days; her tongue was loaded, and her pulse feverish: She was now ordered to take one scruple of nitre every two hours, in a cup of barley water, with manna dissolved in it.

After using the warm fomentation this morning, the erysipelatous appearance on the arm increased rapidly, and there was much tension, though not the smallest mark of suppuration. A person who had seen a cataplasm of oat-meal, vinegar, and oil, applied with extraordinary benefit to an inflamed arm, which put on a similar appearance to this, though from a different cause,
viz.

viz. a puncture of a bramble, recommended the same application, which was accordingly used ; but in the evening the erysipelas was greatly exasperated by it, and all the other symptoms were increased. This evening I took seven or eight ounces of blood from the back of the same hand, which unloaded the vessels, and gave more relief than any thing that had yet been tried ; this relief however was transient. The patient now declaring that the fomentation and poultice had constantly done harm, they were left off, and the arm was wrapped up with slips of cloth spread with the unguent. flor. sambuc. except the orifice, to which a small lintseed cataplasm was still applied.

29. This day the erysipelatous appearance was a little abated ; but the catchings, and other symptoms which threatened convulsion, were increased. I opened a vein again in the back of the hand ; but was not able to procure a plentiful discharge of blood. Two or three large leeches were again applied near the orifice, with some trifling advantage. The slips of cloth, spread with ointment of elder, were continued, also the small cataplasm to the orifice. In the evening the erysipelas was much diminished ; but the violent
pain,

pain, catchings and convulsive jerks of the arm, were increased. I could this day observe, that though the erysipelas was abated in every other part of the arm, yet it remained round the orifice of the exact form and dimensions of the small cataplasim which had been applied to that part; therefore the orifice was dressed with ointment of elder, and the poultice was no longer applied.

30. I had yesterday bathed the arm with ol. e mucilaginis previous to applying the ointment of elder, and the patient thought it did some good; it was therefore now used freely twice a day. The erysipelas was this day still more diminished; but the convulsive jerking of the arm, and the stiffness of the temporal muscles, which threatened a locked jaw, were increased; and indeed these symptoms seemed to be almost entirely independent of the inflammation on the surface of the arm, which I had reason to think was in a great measure occasioned by the cataplasim, and frequent tedious repetition of the fomentation.

May 1. Yesterday, at noon, the patient dozed a little, and was delirious; but was free from delirium in the evening, though all her other symptoms seemed to be more alarming. This morning

ing every bad symptom was exasperated, notwithstanding that the arm externally appeared to be less inflamed. As there was very great reason still to suppose that a nerve was partially divided, and in a state of distress, and that the enlargement which I had made of the orifice on the 27th of April, had been done with too sparing a hand, I determined to increase it ; but this was to be done with great caution, because the pulsation of the artery could be felt very near the corresponding vein in the other arm. The patient had great resolution, and seemed to have formed some idea in her own mind, that she should get relieved from the tugging, as she called it, from the part being cut. As it was probable that the nerve immediately in the punctured part must now be much diseased, I thought it better to make the incision above it, in such a manner as to be most likely to cut across any nervous fibre that could run towards the orifice. The arm being properly secured, I began an incision about half an inch above the original wound, and a little to one side, which I brought down in an oblique direction, across the superior part of the orifice, and a little to the other side of it. This incision was gradually made deeper, by four or five careful strokes, till

I was convinced I had gone further than the point of the lancet could have penetrated in the original bleeding. There was only a small discharge of blood from the wound, and not the smallest appearance of matter. I could immediately observe the patient bend her arm with more ease than she had done before. The wound was dressed with cooling cerate.

May 2. This morning I found my patient in good spirits, singing most cheerfully, with joy and satisfaction painted on her countenance. She said she felt herself easier in less than ten minutes after the part was cut yesterday, and she had enjoyed several hours of refreshing sleep, which was the first she had experienced for many nights. She could now move her arm, without much pain, in every direction; she still, however, complained of some numbness in her arm; but from this time the orifice and the incision both healed as common wounds.

From the termination of this case, I think I may venture to say, that the injury proceeded from the puncture of a nerve, which I believe often happens in bleeding, though it may seldom be attended with consequences so truly alarming as those above. What but the puncture of a nerve
can

can account for that frequent pain and uneasiness which often affects the muscles of the arm several weeks after the orifice has been healed, and when all inflammation must have long subsided?

A lady, who was blooded about seven weeks ago by a person of reputation in London, complains of much pain in the supinator radii longus, though the orifice is perfectly healed, and the cicatrix scarcely perceptible. The pain frequently extends to the shoulder ; and, what is remarkable, she feels the pain shoot down to her hand, when the fleshy part of the supinator radii is rubbed with the palm of the hand.

I have, at this time, a young woman under my care, who was blooded by a surgeon of reputation upwards of two years ago, and she has never been free from uneasiness in her arm since : Sometimes she feels most exquisite pain in performing the motions of pronation and supination. This patient says she felt such exquisite pain when blooded, that she could not refrain from screaming aloud. She was confined upwards of six weeks after the accident, and great part of that time to her bed. In this case an abscess formed near the orifice ; but, as her arm has never been free from pain since she was blooded, I think

think the abscess was the consequence of inflammation from the puncture of a nerve. If a wound of the tendon of the biceps muscle could account for the pain she feels, one might suppose it to arise from that accident ; because the tendon lies immediately under the cicatrix, without any cellular membrane to defend it.

Another case fell under my care, about twelve months ago, which seems to be a confirmation of Mr Hunter's opinion, that the mischief may proceed from inflammation attacking the internal surface of the vein.

A worthy gentlewoman, far advanced in life, of a scorbutic bad habit of body, was blooded in the arm in the median vein ; but for what cause I do not know. A few days after being blooded, she came from London to this neighbourhood. As she complained of much pain and inflammation in the orifice, I was called to her relief. The pain gradually increased, and at last terminated in an abscess a few inches below the orifice, between the flexor carpi radialis and the supinator radii muscles. There was another formation of matter in the orifice which kept open a long time, and at last the mischief terminated in an abscess above the clavicle, which at that time I ascribed

to

to the absorption of purulent matter from the parts below, but which might probably be owing to inflammation communicated through the vein. This last abscess was attended with great pain, and was cured at last, after a long and tedious discharge. In this case, though there was violent pain and inflammation, yet it was not attended with those peculiar symptoms which lead one to ascribe the injury to the puncture of a nerve.

From the whole, I would conclude, that, though much merit is due to Mr Hunter for his ingenious observations on this subject, yet his idea is not to be generally admitted. I think the patient, whose case I have so particularly related, would, in all human probability, have soon been seized with a locked jaw, had the incision which cured her been neglected; and, from an idea that the symptoms were occasioned by inflammation of the internal surface of the vein, such an incision could not have been indicated. From this circumstance, it is not a matter of mere curiosity to be able to distinguish whether the injury proceeds from one cause or the other, but a circumstance essentially interesting to the practical surgeon; as, in one case, the most alarming symptoms may be speedily removed by a small

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incision,

incision, which, in the other, could be productive of no manner of advantage.

It is remarkable, in the case I have described, that little or no advantage was experienced from the use of emollient applications; nay, some of them, particularly the fomentation and cataplasm, were rather prejudicial; and yet I believe such-like applications would be used in a similar accident by almost every surgeon. Heister and Wiseman both recommend a very different treatment. The former, speaking of the same accident, which happened to Charles IX. King of France, when he was blooded by Parry, says: ‘*Primo loco oleum terebinthinae cum spiritu vini rectificato, calidum immissum vulnere fuit;*’ and presently after he adds, ‘*Caeterum haud aliena quoque haec videtur curandi ratio, si nimirum pro terebinthinae oleo vinique spiritu, balsamum Peruvianum, vel et aqua regina Hungaria aliquoties per dies singulos calida instillantur atque simul superimponuntur, dum scilicet dolores imminuantur.*’ Wiseman recommends an application to be dropped scalding-hot upon the orifice.

I believe few surgeons would now use such remedies; and yet, if I was again called to a similar
accident

accident to the one I have related, my first application should certainly be the oil of turpentine made warm, from having had so recent an opportunity of observing the uniform insignificancy of those applications which are commonly called cooling and emollient. I think the oil of turpentine bids fair to do good, from its great use when applied to a puncture from a pin or needle: It is pretty generally applied in such cases by country-people, and they find it to be efficacious in preventing the part from what they call festering.

The volatile alkali, dropped on the sciatic nerve of a frog, renders the leg and thigh of that animal paralytic. Query, Whether such an application, which seems to possess a power of destroying the nervous influence, might not be equivalent to dividing the punctured branch of a nerve?

III.

*An Account of the Extirpation of a polypous Ex-
crescence from the Os Uteri. By Mr Fielding
Best Fynney, Surgeon at Leek in Staffordshire.*

ABOUT the middle of April 1774, I was called to Jenny Locker of this town, aged 21 years, low in stature, but of a sanguineous habit of body; who, upon examination, I found was afflicted with a prolapsus uteri, together with a polypous excrescence growing just within, and hanging pendulous from the os uteri. It was rugous, highly red, and in some places of a dark purple colour; it frequently bled upon the most gentle touch; and, upon the whole, it had the most unfavourable aspect of any polypus I ever saw.

She, amongst the answers to the interrogatories which I then put to her, informed me, that, when she was about ten years of age, one of her companions, with whom she was playing, pushed her down upon a stool with three feet, which was turned topsy-turvy, and one of the feet, which
were

were small ones, passed into the vagina, and occasioned much pain, with a large effusion of blood; but in a few days she was apparently well, and continued so until the beginning of the year 1773, when she complained to her mother of something protruding from the labia pudendi, but would let nobody examine the part, until the latter end of the same year, or the beginning of the year 1774, she shewed herself to a midwife, and since then, to several gentlemen of eminence amongst the faculty in this, and the adjacent towns.

I recapitulated the method I intended to pursue to her and her friends; and, after administering a few doses of purging physic, I passed a ligature, upon the 5th day of May, as near the basis of the tumour as I possibly could; but it not answering according to my expectation, I extirpated it with the knife, above the ligature, on the 7th, rather taking part of the os uteri, than leaving any of the polypus; which weighed nine drams troy weight. A most obstinate hæmorrhage ensued, to stanch which, I applied a dossil of lint well charged with powdered blue vitriol, and retained upon the part, with gentle compression, by the hand of her nurse, until it ceased; after which I applied an emolient poultice.

tice. I daily touched the part with lunar caustic, to destroy any remains of the polypus that might have escaped me, and dressed with mild digestives, over which, for a few days, I continued the poultice. The part was quite healed, and radically cured on the 21st day of May, when I replaced the uterus in its natural situation, and applied a proper pessary to keep it so.

REFLECTIONS.

I presume that the faculty in general will join me in opinion, that this polypus originated from the injury done to the mouth of the womb by the stool-foot, as those of the nose are frequently occasioned by some violence done to the glands, and minute circulating vessels of the pituitary membrane, as picking, or blowing forcibly down the nose, taking snuff, &c.

I shall never hesitate to repeat the method of extirpation by excision, when the case is either circumstanced as above, or when the polypus is seated low in the vagina: But, when there is no prolapsus uteri, and the tumour high up, then the method of extirpation by ligature, assisted by the instrument, represented in the *memoires de l'academie*

démie royale de chirurgie, tom. trois, pl. 13. fig. 3. p. 598. is undeniably preferable to all others.

I durst not make use of the needle and ligature to stop the haemorrhage, on account of the irritability of the part. The tenaculum would not answer my purpose in this case, as the vessel lay too high within the mouth of the womb. And the sponge I did not choose to apply, as the granulations of flesh always shoot up into its pores, and are productive of pain at the time of separation, especially in irritable habits, or in parts so nervous as this is.

There are various forms of pessaries, and made of as many sorts of materials; but that which I would recommend, should have no screws about it, as they soon swell and burst by being kept humid; therefore it should be turned out of one solid piece of ivory, the head to be made rather concave on the upper side, with three or four holes in it, to let pass the fluids secreted by the part to which it is adapted; and convex on the lower side, with a stem or pillar of proportionable length, coming from its middle; and, at the bottom of the stem, should be a hole or two to pass a fillet through to fasten it to its proper bandage.

S E C T. III.

Medical News.

ON Sunday the 12th of January 1777, died at Edinburgh, Mr John Innes, dissector to Dr Monro, Professor of Medicine in the University of that city.

Mr Innes was born at Callart, a small town in the Highlands of Scotland, within a few miles of Fort William. From this situation, it may be presumed, that the earlier part of his education was but ill calculated for literary pursuits, or for his improvement in the liberal arts. But the want of proper opportunities at his first outset in life, were amply compensated by the united efforts of industry and genius. And such was the proficiency he had soon made in anatomical knowledge; such was the

the address he had acquired in displaying the structure of the most minute parts of the human frame, that, when he had not even reached the 18th year of his age, Dr Monro had no hesitation in appointing him dissector for the anatomical class. This important and troublesome office, he filled with high and deserved reputation, for the space of near twenty years. During all that period, his labours gave equal satisfaction both to the Professor and to the students; and the presumption is, that, in the way of his profession, he had very few, if any, superiors. •

But, however considerable his abilities in this respect might be, it would be the highest injustice to his talents, to represent them as confined merely to the mechanical part of anatomy. When he had occasion to speak of the structure of any organ, he possessed a facility in description, which could not fail to convey the clearest idea. This the students soon perceived, and were willing to avail themselves of the advantages which it might afford. At their solicitation, therefore, after he had enjoyed his office about ten years, he opened an evening course of lectures for anatomical demonstrations. The judgment and perspicuity which he displayed in these demonstrations,

tions, afforded no less pleasure than instruction to every hearer. The number of gentlemen who became his pupils every year, afforded the most unequivocal proof of the advantages which were to be derived from his prælections. At his last course, he had the honour of being attended by near two hundred students. And there is some probability, that, had he been less zealous in discharging the duties of his office, he might longer have enjoyed the emoluments of it. For some time he had been threatened with an affection of his lungs; but, while he was following such measures as were directed for his recovery, he did not relinquish the duties of his office, till he was confined to a sick-bed chamber. There the approaches of death were no less evident to himself than to others. And he prepared to meet the event with a frame of mind which gave equal evidence of the honest man, the affectionate son, the faithful husband, and the dutiful parent. He settled with all his creditors on his death-bed. He put a wife and children in circumstances above indigence. And, with filial affection, he provided against the future wants of aged and helpless parents. His death will be regreted, and his memory will be esteemed by all who had the pleasure

ture of his acquaintance. For his temper was social and obliging, his heart was open and generous, his friendship was steady, and his integrity was unimpeached.

While, from these qualities, he yet continues to live in the affections of his friends, those who, with care and industry, apply to the study of anatomy, will stand indebted to him for obligations of a different nature. The monuments which he has given to the world of his anatomical knowledge, will afford ample testimony of his abilities to future ages.

About the beginning of the year 1776, he published a short Description of the Human Muscles, chiefly as they appear in dissection; together with their several uses, and the synonyma of the best authors. A Treatise, which will recommend itself to the perusal of every student, by the concise and simple, yet plain and accurate descriptions, which it contains. Towards the close of the same year, he published eight anatomical tables of the human body, containing the principal parts of the skeletons and muscles represented in the large tables of Albinus; to which are added, concise explanations. If, in this work, those who have a taste for elegant engraving, shall
think

think that there is any ground for finding fault with the execution of the artist, yet every intelligent anatomist will allow, that the fidelity of the explanation must render it of no inconsiderable utility to the young student.

Had Mr Innes lived to a more advanced age, there is no reason to doubt, that the improvement of his art would still have continued to be the object of his ambition. While his untimely death will be most severely felt by his friends and family, it may also be considered as a loss to the medical world, and will long be regreted by the students of anatomy at Edinburgh.

* * * *

Extracts of a letter from Dr George Brown, Apothecary to his Majesty's hospitals in America, to Dr John Hope, Professor of Botany in the University of Edinburgh, dated September 14. 1776.

• Last summer the dysentery was very frequent, and a good many died. Besides the common medicines, the rad. columb. and cort. eleuther. were given in a number of cases ; but I could not perceive, from their effects, that they deserve the character

character which has been given of them. The vitr. antimon. cerat. was likewise employed, and frequently with success. However, I think I may venture to assert, from experience, that the tartar emetic produces all the good effects of the other preparations, with the advantage of being much more certain and steady in its operations.

‘ In the fall, the scurvy began to make its appearance among the regiments that had been longest in America, and, as the cold weather advanced, it attacked the rest of the troops. A variety of medicines were used, most of which mitigated some of the symptoms ; but no cure was effected till a quantity of sour kraut arrived from England, which was given to the scorbutics ad libitum, to eat as a sallad with vinegar. At other times it was boiled with their meat; and it was really surprising to see the effects which it had, even in a short time. They devoured it greedily, and recovered apace.

‘ A great quantity of this useful article arriving, it was issued to the army twice a week, with their salt provisions. And it was as effectual in preventing, as it had been in curing that disease ; which perhaps is, of all others, the most to be dreaded,

dreaded, in a garrison living on salt provisions, in a cold climate, and subjected to hard duty.

‘ During the time that they used the four kraut, by the advice of some officers of rank who had served last war in Canada, they were ordered to drink a pint of the infusion of hemlock spruce, as it is called, every morning ; but this was so nauseous that few of them took it regularly. However, that omission was supplied, by allowing them plenty of spruce beer, in my opinion the best medicine of the two.

‘ One man had been ill of the scurvy for three months, and had several haemorrhagies from the gums, the fauces, and nose. By the above treatment, he got the better of the scurvy, but he was afterwards seized with an anasarca and ascites. For this he was topped, and three gallons of water drawn off ; and, by the use of the Peruvian bark, and other tonics, he was perfectly recovered, and discharged to his duty.

‘ The flowers of zinc have been found an useful application to fordid ulcers from gunshot-wounds, and other causes, when strewed upon the part by means of a barber’s puff. Among the wounds at Boston, we had a few instances of tetanus,

tanus, both when amputation was performed, and when it was not necessary. All the instances of this affection which I saw, were fatal, although we tried opium, musk, and aether, in large quantities, both externally and internally. Nor did blisters give any relief. In one case, this symptom did not come on till a fortnight after the patient was wounded, and when he was judged in a fair way for recovery. He was shot through the thigh and arm, both very near the articulation. I heard of an officer who had this symptom, and recovered. He was shot through the abdomen. There was one amputation of the humerus at the articulation, and the patient did well.

* * * *

Mr Matthew Guthrie, Surgeon at St Peterburgh, in a letter to Dr Hope, gives the following account of a curious stone lately found in Russia.

‘I have just received a paper upon a curious stone, with a piece of it, for the purpose of experiments, from Mr Krafft, professor of natural philosophy in the imperial academy. He has also subjoined

a list of experiments, which he thinks should be made upon it, as he remarks that it bids fair to make the best hygrometer ever discovered, from the circumstances of its having two determined points of moisture and dryness.

‘ He informs me, that it was found by the late unfortunate Professor Lowitz, who was put to death by the rebel Pugatcheff for being a scholar. He was one of those academicians who were sent by her Majesty into the most distant parts of the empire, with a view of making discoveries. Among his papers were found a few remarks on this stone, of which the following is as literal a translation as possible :

‘ Upon the banks, on the right side of Kami-shink, near the castle Demitrieff, is found a sort of stone, something like a slate, resembling a dark grey or blue grind-stone. Some, however, are of a yellow cast, and some have their opposite sides of different colours. This stone, when wet, may be easily cut with a knife, but when dry, it is much harder.

‘ In this last slate it has the remarkable effect, that, on the tongue being applied to it, it lays hold of it so fast, that it is with difficulty they
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are separated ; and, if it be not very soon removed, it will draw blood with it. The separation, in every case, must be effected with great circumspection, otherwise the skin will follow the stone. It attracts any thing that is wet or moist, so that if you put a wet finger to it, it will stick : And it drinks up moisture with the greatest avidity. If, however, it be put into water for some minutes, so as to be fully saturated, it loses its absorbing power for a little, which it recovers as it dries.

‘ Another quality of this stone is, that when put into the fire, it may be made red-hot, without cracking or sustaining any damage ; on the contrary, its absorbing power is increased by it ; but care must be taken that it be well dried first ; for if it contains any moisture when put into the fire, it will burst in pieces.

‘ This is the substance of the memorandum found among the papers of Mr Lowitz. Mr Krafft proposes to have the following experiments tried upon it.

1. To know the quantity of water which it will contain when fully saturated with that fluid.

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2. To find the time in which it absorbs a given quantity.

3. To compare its weight when dry and when full of water.

4. To find the time it takes in parting with a given quantity of water.

5. To discover whether it will imbibe every day the same quantity.

6. To discover how far the changes of the atmosphere affect the power it possesses of absorbing moisture.

7. To discover whether it always absorbs a determined quantity.

‘I intend, besides these, to try several other experiments with this stone, and to send an account of the result of them for the Medical and Philosophical Commentaries of Edinburgh.’

* * *

Mr Andrew Fife has succeeded the late Mr John Innes as dissector to Dr Monro. From the industry and genius which he has already shown, much may hereafter be expected. About two years ago, the annual prize-medal, given by the commissioners for improvements in Scotland, for

for the best drawing in the academy which they have established at Edinburgh, was adjudged to him. And he has made rapid progress in many different branches of literature.

* * *

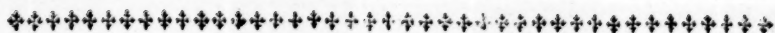
A new edition of the treatise which Dr Cullen delivered to his students, as a text for the physiological part of his lectures, when he taught the institutions of medicine in the university of Edinburgh, is now in the press, and will soon be published.

* * *

Mr Andrew Bell, engraver at Edinburgh, an artist of whose merit the world have already had various specimens, is now engaged in making a new and improved edition of the tables of the celebrated Albinus upon the bones and muscles of the human body. To render this work cheaper and more commodious, Mr Bell proposes to publish these tables in separate parts; and, for the same purpose, he has made a small reduction of the original scale. The first part of this valuable performance will, we are informed, appear in a few weeks.

S E C T.

S E C T. IV.

List of New Books.

FIRST lines of the practice of physick, for the use of students in the university of Edinburgh. By William Cullen, M. D. Vol. I. 8vo, Edinburgh.

An address to the students of medicine at Edinburgh, introductory to a course of lectures on the theory and practice of physick. Delivered Nov. 1. 1776. By Andrew Duncan, M. D. Fellow of the royal college of physicians, Edinburgh. 12mo, Edinburgh.

Heads of lectures on the theory and practice of medicine, by the same author, 12mo, Edinburgh.

Differtatio medica, de natura et usu lactis in diversis animalibus, auctore Thoma Young, in academia

cademia Edinenſi artis obſtetriciae profeſſore, 8vo, Edinburgi.

Compendium anatomicum, totam rem anatomicam breviffime complectens, auctore B. D. Laurentio Heiſtero, M. D. editio nova, 12mo, Edinburgi.

Experiments on magnesia alba, quick-lime, and other alkaline ſubſtances, by Joſeph Black, M. D. profeſſor of chemiſtry in the univerſity of Edinburgh, to which is annexed an eſſay on the cold produced by evaporating fluids, and on ſome other means of producing cold. By Willam Cullen, M. D. Profeſſor of medicine in the univerſity of Edinburgh. 12mo, Edinburgh.

Philoſophical tranſactions of the royal ſociety of London. Vol. LXVI. Part I. for the year 1776. 4to, London.

Medical reſearches : Being an inquiry into the nature and origin of hſterics in the female conſtitution, and into the diſtinction between that diſeaſe and hypochondriac or nervous diſorders. Comprehending a ſpecification of the characteristic refinement and excellence of the female conſtitution and character. By Andrew Wilſon, M. D. Fellow of the royal college of phyſicians

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at Edinburgh, and physician to the Medical Asylum, London. 8vo, London.

A modern system of natural history, containing accurate descriptions, and faithful histories of animals, vegetables, and minerals. Together with their properties and various uses in medicine, mechanics, &c. Illustrated with copper-plates, accurately drawn from nature, and beautifully engraved. By the Rev. Samuel Ward, Vicar of Cotterstock, Northamptonshire. 4 vols. 12mo.

Observations preparatory to the use of Dr Myerbach's medicines; by J. C. Lettsome, M.D.F.R.S. and S.A. member of the college of physicians, and physician to the general dispensary in London. The second edition, considerably enlarged. 8vo, London.

An answer to a pamphlet written by Dr Lettsome, intitled, observations preparatory to the use of Dr Myerbach's medicines. 8vo, London.

Every woman her own physician, or the ladies Medical Assistant. Containing the history and cure of the various diseases incident to women and children. 12mo, London.

A Botanical arrangement of all the vegetables naturally growing in Great Britain, with an easy
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introduction to the study of botany. By William Withering. M. D. in 2 vols, Brimingham.

Les Monstres, ou les ecarts de la nature, ouvrage qui renferme toutes les monstruosités que la nature produit, soit dans l'espece humaine, soit parmi les quadrupedes, les bipedes, &c. en planches colories, peintes, et gravées, par M. et Madame Reynault, auteurs de la Botanique mise a la portée de tout le monde. Folio Paris.

Recueil des Oeuvres physiques et medecinales, publies en Anglois et en Latin, par M. Richard Mead, Medecin du Roi de Grand Bretagne, membre de la societé royale de Londres, &c. par M. Coste, medecin de l'hospital royal et militaire de Nancy. 2 vols, 8vo, Bouillon.

Lettres sur les arbres et epiceries, avec une instruction sur leur culture, et preparation, et lettre sur le Café. 12mo, Paris.

Avis aux mere qui veulent nourrir leurs enfants, troisieme edition, revue et considerablement augmenté, par Mad. le Rebours. 12om, Paris.

Le Medecin inte rprete de la nature, ou ecueil des pronostics sur le caractere des maladies, leur guerison, leurs metastases, et leurs suites funestes, traduit du Latin de M. le Docteur Louis Geoffroi Klein,

Klein, conseiller medecin et physicien d'Erbac, par M. J. F. A. Docteur en medecine de la faculté Montpellier. 2 vols. 12mo, Paris.

Apparatus ad nosologiam methodicam, seu synopsis nosologiae methodicae, in usum studioforum, auctore Gulielmo Cullen, M. D. et in academia Edinburgena professore, editio nova, juxta secundam ill. Culeni in quatuor partes, Edinburgi anno 1772 editam, nunc quinta parte aucta, scilicet systemate morborum symptomatico, A. B. M. Sager proposito. 4to, Amstelodami.

Andrae Piqueri archiatri, praxis medica ad usum scholae Valentinae. Amstelodami in 8vo.

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